

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2012
NAME OF PROVIDER OR SUPPLIER SECOND GENESIS INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 HARVARD STREET, NW WASHINGTON, DC 20009	
(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) COMPLETE DATE
D 000	Initial Comments A licensure survey was conducted on September 12, 2012 through September 14, 2012. The findings of the survey was based on observations of the Community Residential Facility (CRF), interviews with the administrative staff and residents, as well as a review of clinical and administrative records. Twelve (12) residents was selected from a resident population of forty-four (44) men with various medical disabilities.	D 000	
D 900	3406.1 Resident's Rights A supportive and protective environment shall be provided to each resident to promote his or her comfort, self-esteem, and personal dignity, and to ensure that the resident's property and civil rights are respected. This CONDITION is not met as evidenced by: Based on interview and record review, the facility failed to ensure a supportive and protective environment to promote resident comfort, self-esteem, personal dignity, and to ensure the resident's civil rights were respected, for nine of twelve individuals that was included in the sample. (Residents #1, #2, #3, #4, #5, #6, #7, #8, and #9) The finding includes: On November 10, 2011, an allegation of sexual assault/abuse was investigated for three residents residing in the facility. The plan of correction (POC) dated February 14, 2012, revealed that the facility would provide training for all of their residents during their initial orientation on sexual assault/abuse beginning March 2012. According to the POC, the following would be	D 900	In response to the 9/14/12 DOH HPLA Statement of Deficiencies, Prefix Tag D900, regarding <u>3406.1 Residents' Rights</u> , Second Genesis has implemented three Corrective Actions Measures which collectively addresses the issue of "Sexual Assault and Abuse" for the purpose of assuring Residents a supportive and protective environment that promotes comfort, self esteem, and personal dignity, and to ensure that the resident's property and civil rights are respected: <u>1. "Second Genesis' Clinical Policy for Addressing Sexual Assault"</u> addresses discrimination of consumers regardless of gender, and the protocol for responding to instances of sexual assault and / or abuse. This Policy communicates directives which are a standard part of our clinical services, and outlines 7 standard procedures, that our staff must take in their appropriated order. The Policy can be located in the Second Genesis Policy and Procedures Manual and is a standard part of Second Genesis Employee Orientation Effective October 2012.

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TITLE

(X6) DATE

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

STATE FORM

8899

PZU911

If continuation sheet 1 of 2

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D 900	Continued From page 1 included in the initial orientation: "The definitions of sexual assault/abuse, reporting procedures if one was or knows of someone in the facility that was sexually assaulted/abuse, (name of agency) policy of notifying police in the case of allegations of sexual assault/abuse, medical services offered, and referrals for specialized therapy for the victims of sexual assault/abuse, which is a system change to ensure that the deficient practice does not recur, as well as helping to identify residents that have the potential to be effected by the same deficient practice." Interview with one of the facility's monitors (Staff #12) on September 14, 2012, at approximately 3:40 p.m. revealed all the residents had an initial orientation. Further interview with the monitor revealed each of the new residents are given a "Client Orientation Manual." The monitor provided a copy of the Client Orientation Manual and stressed that the orientation included "The Cardinal Rules of the Therapeutic Community." Review of the manual on September 14, 2012, at approximately 3:45 p.m., revealed four cardinal rules that included (1) NO DRUG OR ALCOHOL USE, (2) NO VIOLENCE, (3) NO THREATS OF VIOLENCE, AND (4) NO SEXUAL ACTIVITY. Interview with the monitor and review of the orientation manual revealed no documented evidence that it had been updated to include the aforementioned POC. At the time of the survey, the facility failed to ensure training for all of their residents' initial orientation consisted of the aforementioned items listed in the facility's POC.	D 900	2. Second Genesis' Training Module for Consumers and Staff entitled "Sexual Assault, Second Genesis, Inc.: What SGI Providers Will Do" serves as a tool which can utilized either in power point, hand out, or for staff presentation in a group setting. It identifies on pages 2, 4 and 6, the profile of consumers whom could be at risk for sexual assault at our facilities, and cites Department of Justice Statistics which support Second Genesis' report. This Module is now a standard part of Second Genesis Patient Orientation process and assures that patients, by affixing signatures to indicate having participated in the Orientation Training, have been informed of the steps Second Genesis will take to assure its patients' safety from violence of any nature, and particularly violence or assaults of a sexual nature. It also communicates to patients the 7 standard procedures Second Genesis will take in the event of sexual assault. 3. Second Genesis has amended its November 2010 "Client Orientation Manual" to include on pages 9 and 10 the Second Genesis' Clinical Policy on Sexual Assault. As a mandate, all Second Genesis patients must go through the Orientation process to be introduced to and then tested on the Client Orientation Manual which includes the Policy on Sexual Assault. The Client Orientation Manual is made available to all Second Genesis Patients which assures their access to the Sexual Assault Policies and Procedures. The first training utilizing the policy was held on October 26 th , 2012 (patient participation sign in sheet included in attachment here. *Please see corresponding attachments.	

DEPARTMENT OF HEALTH

HEALTH REGULATION & LICENSING

ADMINISTRATION

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Chapter 61

DC Code

6104.4 The key to a medication storage area shall be available only to those individuals authorized to administer medications.

Observation of the medication pass on September 13, 2012, at approximately 8:30 a.m. revealed the facility's Medical Administrative Assistant (MAA) (Staff #20) assist residents with the administration of medication. The MAA was observed to take the resident's medications out of the medication cabinet, place it on the desk, allowing the resident to verify what he should be taking. The observations also revealed the resident independently take their medications from the bottles independently.

Review of the personnel records on 10:33 a.m. revealed the MAA was not a licensed Trained Medication Employee (TME). Interview with the administrative staff throughout the survey revealed that the facility's monitors also assist with the administration of medication. Further interview revealed that the monitors have access to keys for the medication cabinet.

At the time of the survey, the facility failed to ensure

4. Regarding Prefix Tag Chapt. 61 DC Code -- 6104.4, "The Key to the medication storage area shall be available only to those individuals authorized to administer medications".

Attached, please find medication policies and procedures which explicate how medications are handled and taken by patients while in residence in Second Genesis. Medications are self administered by patients. We do not serve the developmentally delayed.

Medication Intake and Storage -- all medications brought into the facility are brought to the medical department where they are assessed by the Program Nurse, approved by the Director of Medical Services, and centrally stored in an individually labeled container in a locked cabinet in the medial department. If the medication requires refrigeration it is stored in a locked refrigerator in the medical department. The medical department itself is also locked.



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keys to the medication cabinet were available only to individuals authorized (licensed) to administer medications.

Access to medication - Licensed medical personnel may administer medication to patients. In the absence of such personnel, trained Second Genesis staff will supervise and document patient self-administration of medication. The patient reaches into their individually labeled box and takes out the appropriate medication and shows it to the employee who documents on the MAR that the patient has taken the medication(s).

Personnel Qualified to Administer Medication - Licensed health care personnel may administer medication. At no time may non-licensed employees administer medication. Patient must self administer, if they cannot, they must receive the medication from licensed staff. Non licensed employees are trained upon hire, annually thereafter, and remedially. *Please see corresponding attachments.