

Received 6/15/12

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

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G174	(X2) MULTIPLE BUILDING IDENTIFICATION NUMBER: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2012
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NAME OF PROVIDER OR SUPPLIER SYMBRAL FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4422 20TH STREET, NE WASHINGTON, DC 20011
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W 000 INITIAL COMMENTS

W 000

A recertification survey was conducted from May 23, 2012, through May 25, 2012. A sampling of two clients was selected from a population of four clients with varying degrees of intellectual disabilities. The survey was initiated utilizing the fundamental process.

Symbtral's governing body will ensure that all required policies are implemented as required to safe-guard and provide habilitation to the individuals we serve.

6/8/12 and ongoing

The findings of the survey were based on observations, interviews with staff in the home and at two day programs, as well as a review of the client and administrative records, including incident reports.

In addition, that these policies are aligned to present Health and Wellness Standards and other best practices guide Symbtral's governing body and QA Teams will monitor to ensure compliance.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]
483.450(e)(2) DRUG USAGE

W 312

W 312

Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

Psychologist based upon assessment records review and dialogue with staff including QIDP and LPN Case Manager serving Mr. Caison developed a Medical Compliance Best Practice Guide Tool for Mr. Caison. Tool will be utilized in an attempt to reduce and possible eliminate the use of drug induced sedation for medical appointment compliance.

6/13/12 and ongoing

This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure drugs used to manage behavior during medical appointments were used as an integral part of the individual program plan directed towards the reduction of, and eventual elimination of the behavior for which the drugs were used for one of two clients in the sample. (Client #2)

A copy of the Best Practice Guide Tool will be sent to all treating consultants explaining need for a double appointment scheduled booking.

The finding includes

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

TITLE
CPW

(X8) DATE

6.15.12

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 312 Continued From page 1

W 312

Interview with the qualified intellectual disabilities professional (QIDP) on May 23, 2012, at 5:58 p.m., revealed the Client #2 did not have a behavior support plan (BSP) and was not prescribed psychotropic medication. Further discussion with the QIDP, however, revealed that the client usually required sedation prior to health appointments due to his non-compliance. On May 25, 2012, at 3:27 p.m., the QIDP revealed that the interdisciplinary team discussed Client #2's non-compliance at health appointments during his pre-individual support plan meeting on August 14, 2011 and the team suggested that the client go on appointments with individuals with whom he is most familiar to encourage his compliance. The QIDP also indicated that during the meeting, the psychologist determined there was no need for a BSP, but recommended to collect baseline data at the day program.

Record review on May 25, 2012, at 10:10 a.m., revealed Client #2 was prescribed and administered for appointments on the following dates:

- July 6, 2011 - Xanax 4 mg
- August 16, 2011 - Xanax 4 mg
- September 7, 2011 - Xanax 4 mg
- October 12, 2011 - Xanax 4 mg
- December 22, 2011 - Xanax 4 mg
- January 11, 2012 - Xanax 4 mg
- February 4, 2012 - Xanax 4 mg
- February 23, 2012 - Xanax 4 mg
- April 30, 2012 - Xanax 2 mg

Interview with the primary LPN on May 25, 2012, at 12:45 p.m., revealed Xanax 4 mg prescribed for a March 27, 2012 appointment was not administered due to an emergency room visit that

All staff including LPN received training on tool implementation and utilization.

IDT at Case Conference convened on 6/13/12 approved Medical Compliance Best Practice Guide Tool. However, members also reiterated that if sedation is necessary to ensure medical appointment compliance post utilization of Tool then it must be considered, given the best interest of the individual in reference to Optimal Care. Data will also be collected to track and trend tools applicability and usefulness.

Psychologist, QIDP, LPN Case Manager and House Manager will continue to monitor to ensure compliance.

6/13/12 and ongoing

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W 312 Continued From page 2
day for bradycardia, and his subsequent hospitalization for two days. The LPN revealed that due to the ER visit, pending medical consultations for the client were placed on hold, because he had a low appointment completion rate without sedation. Further discussion with the primary LPN on May 25, 2012, at 2:17 p.m., revealed that during a telephone conversation with the primary care physician (PCP) on May 25, 2012, the approval was given to resume the sedation for the individual medical and dental appointments, pending approval by the human rights committee (HRC) and the guardian's consent
At the time of the survey, however, there was no evidence an active treatment plan was being implemented in conjunction with the use of sedation to increase Client #1's compliance during medical appointments.

W 356 483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT
The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.
This STANDARD is not met as evidenced by: Based on interview, and record review, the facility failed to ensure preventive care for the maintenance dental health, for one of two clients in the sample. (Client #2)
The finding includes:
Observation of Client #2 on May 23, 2012, at 7:15

W 312
Continued from page 2.

W 356
DON has given inservice training to LPN Case Manager to call and schedule follow up dental appointment or missed dental appointments on time this will enable the individuals to achieve comprehensive dental treatment services on time which includes dental care needed for relief of pain and infections, restoration of teeth, such as full mouth rehabilitation, gross debridement, and extraction of necessary teeth, and maintenance of dental health.
QA Team, RN, LPN, QIDP and House Manager will continue to monitor to ensure compliance.

6/11/12
and
ongoing

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W 356 Continued From page 3

p.m. revealed his front teeth were missing and that he received a pureed meal for dinner.

Interview with the primary licensed practical nurse (LPN) on May 25, 2012, at 11:18 a.m., revealed the client was non-compliant for dental procedures, which resulted in him not receiving treatment services after April 10, 2010.

Record review on May 25, 2012, at 11:22 a.m., revealed the following:

July 7, 2011 - The dentist diagnosed Client #2 with generalized periodontitis and multiple carious teeth. The dentist noted, "Unable to take radiograph due to patient's combative nature. Will reassess perioperatively. Recommend full mouth rehabilitation, gross debridement, and extraction of necessary teeth. Will schedule next appointment once labs and studies are taken."

Further interview with the primary licensed practical nurse on May 25, 2012, at 11:22 a.m., revealed the studies were completed as recommended by the dentist. The primary LPN also indicated that due to difficulty obtaining a timely appointment with the dental clinic, the time limit on studies expired, and the appointment had not been rescheduled.

At the time of the survey, there was no evidence that Client #1 had received timely treatment services for the maintenance of his dental health.

W 356

Continued from page 3.

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1000 INITIAL COMMENTS

1000

A recertification survey was conducted from May 23, 2012, through May 25, 2012. A sampling of two residents was selected from a population of four residents with varying degrees of intellectual disabilities.

The findings of the survey were based on observations, interviews with staff in the home and at two day programs, as well as a review of the 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.]

Symbtral's governing body will ensure that all required policies are implemented as required to safe-guard and provide habilitation to the individuals we serve.

6/8/12 and ongoing

In addition, that these policies are aligned to present Health and Wellness Standards and other best practices guide Symbtral's governing body and QA Team will monitor to ensure compliance.

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 one of twenty-two staff, (Staff #20) had a current health certificate.

The finding includes:

On May 25, 2012, beginning at 10:40 a.m., review of the personnel records revealed the GHPID failed to have evidence of a current health

Staff #20 has furnished a copy of his health certificate which has been placed in his personnel file.

6/8/12 and ongoing

QIDP sent memo to personnel office as a reminder that all staff and contractors including maintenance personnel that have contact with individual serve, Symbtral's HR must maintain active personnel file to include current physicals.

QA Team and House Manager will check records and issue alerts within ninety (90) days, sixty (60) days and thirty (30) days prior to expiration to ensure compliance in maintaining active files.

Health Regulation & Licensing Administration

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

TITLE
CPD

(X8) DATE

6-15-12

STATE FORM

6899

F4CJ11

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I 206	Continued From page 1 inventory/certificate for Staff #20. Interview with the agency's administrative assistant (AA) on May 25, 2012, at approximately 11:35 a.m., confirmed that no current health inventory/certificate was available for Staff #20.	I 206	QIDP, QA Team, Human Resource and House Manager will continue to monitor to ensure compliance.	6/8/12 and ongoing
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I 261	<p>3512.2 RECORDKEEPING: GENERAL PROVISIONS</p> <p>Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the agency personnel office failed to ensure personnel records were maintained in a centralized place and made available at the time of the review for one of twenty-two staff. (Staff #20)</p> <p>The finding includes:</p> <p>On May 25, 2012, at approximately 11:00 a.m., the surveyor requested that the personnel records be made available for review. At the time of the request, the agency administrative assistant did not produce a personnel file of Staff #20 for review.</p> <p>On May 25, 2012, at approximately 12:30 p.m., the personnel record of the staff in question still was not provided. The administrative assistance (AA) indicated she would contact the responsible party for the record requested and would forward it to the Health Regulation and Administration (HRLA) office. As of May 29, 2012, no record had been received.</p>	I 261	<p>QIDP sent memo to personnel office as a reminder that all staff and contractors that have contact with the individuals we serve, Symbra's HR must maintain active personnel files for each staff personnel.</p> <p>An Active Personnel file is in place for staff #20.</p> <p>QA Team and House Manager will check records and issue alerts within ninety (90) days, sixty (60) days and thirty (30) days prior to expiration to ensure compliance in maintaining active files.</p> <p>QIDP, QA Team, Human Resource and House Manager will continue to monitor to ensure compliance.</p>	6/7/12 and ongoing
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I 262	Continued From page 2	I 262		
I 262	3512.3 RECORDKEEPING: GENERAL PROVISIONS	I 262	Symbtral's administration has reiterated to the delegating staff the need for adherence to Records Retention Policy for all individuals we served.	
	<p>Each record and report that is required to be kept in accordance with this chapter shall be filed and retained for five (5) years by the GHMRP.</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 ensure that behavior support plans recommended by the psychologist were retained for five (5) years as required, for one of two residents in the sample (Resident #1)</p> <p>The findings include:</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on May 23, 2012, at 6:05 p.m., revealed that Resident #1 was provided one-on-one supervision due to bilateral blindness, ambulation difficulty, and to manage his maladaptive behaviors. Further discussion with the QIDP on May 25, 2012, at 9:00 a.m., revealed that in March 2012, a behavior support plan (BSP) was approved by the facility's human rights committee (HRC) and implemented to address the resident's physical aggression, non-compliance with medical appointments, and self-injurious behaviors (head banging, face slapping, and hand-biting).</p> <p>On May 25, 2012, at 3:37 p.m., review of Resident #1's BSP revealed, "Date of Plan: June 11, 2011, November 8, 2011, January 9, 2012, March 28, 2012, April, 3, 2012" The BSP revealed that on March 16, 2012, the psychiatrist assessed the resident to have Axis I diagnoses of intermittent explosive disorder and obsessive compulsive disorder.</p>		<p>Special Emphasis was placed on assessment to include Behavior Support Plans. All documents when received from contractors upon review, if errors are noted original report with error must be kept and maintained in individual's file upon receipt of corrected report, upon which time report with error will be removed from individual's active file and place in current non-active file and retained for five (5) years. But will be made available to monitoring entities upon request.</p> <p>Symbtral's Administration, QA Team, QIDP, RN, LPN Case Manager and House Manager will continue to monitor to ensure compliance.</p>	6/8/12 and ongoing

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I 262	Continued From page 3 Further interview with the QIDP on May 25, 2012 at 3:50 p.m., revealed that the aforementioned plan (last dated April 3, 2012) was Resident #1's most recent version of the BSP. Continued discussion with the QIDP revealed, however, that other versions of the BSP, which were dated June 11, 2012, November 8, 2011, January 9, 2012, and March 28, 2012, had all been returned to the psychologist for revisions and were not part of the resident's record. At the time of the survey, however, there was no evidence the GHPID maintained copies of each behavior support plan recommended for Resident # 1, as required by the required.	I 262	Continued from page 3.	
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 were provided in accordance with the needs of one of two residents in the sample. (Resident #2) The finding includes: The GHPID failed to ensure preventive care for the maintenance of Resident #2's dental health.	I 401	1) Psychologist has developed Medical Compliance Best Practice Guide tool to be utilized by LPN Case Manager to reduce and or eliminate the need for sedation prior to medical appointment. 2) Symbtral's administration has reiterated that all medical appointments must be done in a timely manner as per Nursing Health Services Best Practice Guide and Symbtral's Nursing Policy. 3) In addition TN re-inserviced LPN Case Manager on scheduling all medical appointments for the individuals we serve in a timely manner as per guidelines in Nursing Best Practices.	6/11/12 and ongoing

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I 401	Continued From page 4 Observation of Resident #2 on May 23, 2012, at 7:15 p.m. revealed his front teeth were missing and that he received a pureed meal for dinner. Interview with the primary licensed practical nurse (LPN) on May 25, 2012, at 11:18 a.m., revealed the resident was non-compliant for dental procedures, which resulted in him not receiving treatment services after April 10, 2010. Record review on May 25, 2012, at 11:22 a.m., revealed the following: July 7, 2011 - The dentist diagnosed Resident #2 with generalized periodontal disease, multiple missing teeth, and noted, "Unable to take radiograph due to combative nature. Will reassess periodontally. Recommend full mouth rehabilitation, gross debridement, and extraction of necessary teeth. Will schedule next appointment once labs and studies are taken." Further interview with the primary licensed practical nurse on May 25, 2012, at 11:22 a.m., revealed the studies were completed as recommended by the dentist. The primary LPN also indicated that due to difficulty obtaining a timely appointment with the dental clinic, the time limit on studies expired, and the appointment had not been rescheduled. At the time of the survey, there was no evidence that Resident #1 had received timely treatment services for the maintenance of his dental health.	I 401	Symbtral's administration, QA Team, RN, QIDP, LPN Case Manager and House Manager will continue to monitor to ensure compliance.	6/11/12 and ongoing
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope	I 420	See page 6.	

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I 420 Continued From page 5

more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning.

This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities GHPID failed to ensure habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning, for one of two residents in the sample. (Resident #2)

The findings include:

Interview with the qualified intellectual disabilities professional (QIDP) on May 23, 2012, at 5:58 p.m., revealed the Resident #2 did not have a behavior support plan (BSP) and was not prescribed psychotropic medication. Further discussion with the QIDP, however, revealed that the resident usually required sedation prior to health appointments due to his non-compliance. On May 25, 2012, at 3:27 p.m., the QIDP revealed that the interdisciplinary team discussed Resident #2's non-compliance at health appointments during his pre-individual support plan meeting on August 14, 2011 and the team suggested that the resident go on appointments with individuals with whom he is most familiar to encourage his compliance. The QIDP also indicated that during the meeting, the psychologist determined there was no need for a BSP, but recommended to collect baseline data at the day program. Record review on May 25, 2012, at 10:10 a.m.,

I 420

Psychologist based upon assessment records review and dialogue with staff including QIDP and LPN Case Manager serving Mr. Caison, developed a Medical Compliance Best Practice Guide Tool for Mr. Caison. Tool will be utilized in an attempt to reduce and possible eliminate the use of drug induced sedation for medical appointment compliance.

A copy of the Best Practice Guide Tool will be sent to all treating consultants explaining need for a double appointment scheduled booking.

All staff including LPN received training on tool implementation and utilization.

IDT at Case Conference convened on 6/13/12 approved Medical Compliance Best Practice Guide Tool. However, members also reiterated that if sedation is necessary to ensure medical appointment compliance post utilization of Tool then it must be considered, given the best interest of the individual in reference to Optimal Care. Data will also be collected to track and trend tools applicability and usefulness.

Psychologist, QIDP, LPN Case Manager and House Manager will continue to monitor to ensure compliance.

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1420	<p>Continued From page 6</p> <p>revealed Resident #2 was prescribed and administered for appointments on the following dates:</p> <ul style="list-style-type: none"> a. July 6, 2011 - Xanax 4 mg b. August 16, 2011 -Xanax 4 mg c. September 7, 2011 - Xanax 4 mg d. October 12, 2011 - Xanax 4 mg e. December 22, 2011 - Xanax 4 mg f. January 11, 2012 - Xanax 4 mg g. February 4, 2012- Xanax 4 mg h. February 23, 2012 - Xanax 4 mg i. April 30, 2012 -Xanax 2 mg <p>Interview with the primary LPN on May 25, 2012, at 12:45 p.m., revealed Xanax 4 mg prescribed for a March 27, 2012 appointment was not administered due to an emergency room visit that day for bradycardia, and his subsequent hospitalization for two days. The LPN revealed that due to the ER visit, pending medical consultations for the resident were placed on hold, because he had a low appointment completion rate without sedation. Further discussion with the primary LPN on May 25, 2012, at 2:17 p.m., revealed that during a telephone conversation with the primary care physician (PCP) on May 25, 2012, the approval was given to resume the sedation for the individual medical and dental appointments, pending approval by the human rights committee (HRC) and the guardian's consent</p> <p>At the time of the survey, however, there was no evidence an active treatment plan was being implemented in conjunction with the use of sedation to increase Resident #1's compliance during medical appointments.</p>	1420	<p>Continued from page 6.</p>	

Health Regulation & Licensing Administration

PRINTED: 06/06/2012
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2012
NAME OF PROVIDER OR SUPPLIER SYMBRAL FOUNDATION		STREET ADDRESS, CITY, STATE, ZIP CODE 4422 20TH STREET, 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) COMPLETE DATE
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R 125 4701.5 BACKGROUND CHECK REQUIREMENT R 125

The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.

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 criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided prior to the check, for one of the twenty-two staff employed. (Staff #20)

The finding includes:

Review of the personnel files on May 25, 2012, beginning at 10:45 a.m., revealed the GHPID failed to provide evidence of a criminal background check that disclosed a seven year history of all jurisdictions where Staff #20 worked and/or resided prior to hire, at the time of the survey.

On May 25, 2012, at approximately 11:30 a.m., the surveyor reviewed the aforementioned finding with the administrative assistant (AA). She verified that a criminal background check was not conducted in all jurisdictions where the staff lived within the past seven years.

Staff #20 has provided a copy of his criminal background check for all jurisdictions where he has lived and worked within the last seven (7) years.

QIDP sent memo to personnel office as a reminder that all staff and contractors including maintenance personnel that have contact with the individuals we serve, Symbra's HR must maintain active personnel files to include current physicals and police clearances for all jurisdictions of having lived and or worked within the last seven (7) years.

6/7/12
and
ongoing

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

TITLE
CFO

(X6) DATE
6/15/12

STATE FORM