

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

PRINTED: 12/04/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  11/22/2013
NAME OF PROVIDER OR SUPPLIER  VOLUNTEERS OF AMERICA			STREET ADDRESS, CITY, STATE, ZIP CODE 431 53RD STREET, SE WASHINGTON, DC 20019		
(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	
W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from November 20, 2013 through November 22, 2013. A sample of three clients was selected from a population of five females with varying degrees of intellectual disabilities. This survey was initiated utilizing the full survey process.</p> <p>The findings of the survey were based on observations, interviews with direct support staff, nursing and administrative staff, as well as a review of clients' medical and habilitation records and the facility's administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID Individual Support Plan - ISP Intermediate Care Facility - ICF Licensed Practical Nurse - LPN Medication Administration Record - MAR Physician's Order - POS Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Range of Motion - ROM</p>	W 000			
W 140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>This STANDARD is not met as evidenced by:</p>	W 140			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Conrad Hill, State Director* 12/13/13 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 159	<p>Continued From page 2</p> <p>The finding includes:</p> <p>Cross-refer to W249. The QIDP failed to ensure Client #3's communication devices was implemented at the day program, as evidenced below:</p> <p>During client observations on November 20, 2013, Client #3 arrived home from day program at 3:50 p.m. The client was escorted inside the facility in a custom-molded wheelchair. The surveyor verbally greeted the client, but the client did not respond. At approximately 3:55 p.m., DSP #2 informed the surveyor that Client #3 was non-verbal. At 3:58 p.m., DSP #1 asked the client how was her day at school. The client did not respond. At approximately 4:00 p.m., DSP #1 provided Client #3 with water as part of her snack. At 5:32 p.m., DSP #1 was observed talking to the client during dinner; however, the client did not respond. At 7:02 p.m., DSP #1 encouraged Client #3 to press the keys on the keyboard. Again, the client did not respond.</p> <p>Review of Client #1's ISP records on October 28, 2013, at approximately 2:22 p.m., revealed an objective for &lt;client name&gt; to visually discriminate/choose a leisure time activity using a four icon voice device one time daily (Monday - Friday) in three of five consecutive trials.</p> <p>Interview with the QIDP on November 22, 2013, at approximately 1:00 p.m., revealed that Client #3 was non-verbal and had a communication device that should be used daily. The QIDP stated that the communication device was only to be used in the home and not at the client's day program.</p>	W 159	<p><b>W 159 (cross reference W249)</b></p> <p>The assigned QIDP will ensure that all communication devices are in place for all individuals and are used in accordance with the plan of care. VOAC Quality Assurance staff, QIDPs and RC's will continue to monitor the communication devices to ensure they are in place and are in working order. Further, VOAC will ensure, through internal QA activities and adaptive equipment responsibilities that we monitor of all devices and the programs developed to ensure their proper use, to compliance with regulations, policy and plan of care.</p> <p><b>By 12/20/13</b></p>		

*ConnecPha, State Director 12/12/13*



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W 249 W 249	Continued From page 3 <b>483.440(d)(1) PROGRAM IMPLEMENTATION</b>  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to ensure client's tactile communication box and communication device were made available, for two of three clients in the sample. (Clients #1 and #3)  The findings include:  1. The facility failed to ensure Client #1's tactile communication box was presented at every opportunity, as evidenced below:  On November 20, 2013, at 4:11 p.m., Client #1, who was visually impaired (blind), was observed being assisted with her dinner meal. DSP #1 assisted the client by scooping food onto a spoon and placing the spoon into the client's hand. The client was then observed to guide to spoon to her mouth.  On November 21, 2013, beginning at 2:02 p.m., review of Client #1's ISP dated February 25, 2013, revealed the client had a formal program to select (pick-up) her drinking cup and spoon among other objects in her tactile box prior to	W 249 W 249	<b>W 249</b>  See also W159  The assigned QIDP and RC will ensure staff members are trained on all individuals IPP goals to ensure proper implementation of goals to ensure compliance. VOAC will ensure that all devices are available and easily located for use by the individuals and also cross reference data sheets with IPP goals to ensure consistency in implementation.  By 12/20/13		

*Conrad Rie, State Director 12/12/13*

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W 249	<p>Continued From page 4</p> <p>dinner, one time a day, Monday thru Friday. Further review of the program revealed the following steps:</p> <ul style="list-style-type: none"> <li>- Staff will say &lt;client name&gt;, we have a box that will allow you to choose what you need to eat and drink with.</li> <li>- Staff will place her hand in the empty box so that she may feel the rectangle-shaped area and the roundly shaped areas before placing items in them.</li> <li>- One at a time staff will allow &lt;client name&gt; to explore the box and its shape, etc.</li> <li>- Next, staff will say, I am going to put your spoon that you eat with inside the box. Let's see if you can find your spoon. Staff will gently place the client's hand in the general area and allow her to explore.</li> <li>- When she find the spoon and take the spoon out of the box, staff will provide verbal praise. Staff will then say, &lt;client name&gt;, its dinner time. These same steps would be repeated for the cup.</li> </ul> <p>Interview with DSP #4 on November 21, 2013, at approximately 4:10 pm., confirmed that Client #1 had a program to use a tactile communication box prior to dinner five days a week. DSP #4 stated that staff was to present the box to the client and encourage her to reach inside the box to find her cup and spoon. DSP #4 further stated that the program was not implemented on November 20, 2013, prior to dinner. The QIDP was interviewed on November 22, 2013, at approximately 12:45 p.m., to ascertain information regarding Client #1's tactile box.</p>	W 249			

*Connee Price, State Director 12/12/13*



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W 249	<p>Continued From page 5</p> <p>When asked to see the tactile box, the QIDP could not locate the box inside the facility.</p> <p>2. The facility failed to ensure Client 3's communication device was implemented at every opportunity, as evidenced below:</p> <p>During client observations on November 20, 2013, Client #3 arrived home from day program at 3:50 p.m. The client was escorted inside the facility in a custom-molded wheelchair. The surveyor verbally greeted the client, but the client did not respond. At approximately 3:55 p.m., DSP #2 informed the surveyor that Client #3 was non-verbal. At 3:58 p.m., DSP #1 asked the client how was her day at school. The client did not respond. At approximately 4:00 p.m., DSP #1 provided Client #3 with water as part of her snack. At 5:32 p.m., DSP #1 was observed talking to the client during dinner; however, the client did not respond. At 7:02 p.m., DSP #1 encouraged Client #3 to press the keys on the keyboard. Again, the client did not respond.</p> <p>Review of Client #1's ISP records on October 28, 2013, at approximately 2:22 p.m., revealed an objective for &lt;client name&gt; to visually discriminate/choose a leisure time activity using a four icon voice device one time daily (Monday - Friday) in three of five consecutive trials.</p> <p>Interview with the QIDP on November 22, 2013, at approximately 1:00 p.m., revealed that Client #3 was non-verbal and had a communication device that should be used daily. The QIDP stated that the communication device was only to be used in the home and not at the client's day program. When asked, the QIDP presented the client's communication device to the surveyor.</p>	W 249			

*Cornie Rice, State Director 12/12/13*

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W 249	Continued From page 6 The communication device had four voice activated recordings:  - I want to eat and drink;  - I would like to brush my teeth;  - I would like to go for a ride and;  - I would like to exercise.  At approximately 1:05 p.m., continued interview with the QIDP revealed that the communication device should be presented to the client during snack/dinner.	W 249			
W 331	<b>483.460(c) NURSING SERVICES</b>  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that reports from the pharmacist were addressed for one of the three clients in the sample. (Client #1)  The finding includes:  On November 20, 2013 at 4:59 p.m., LPN #1 was observed to administer Metformin, Calcium, Keppra and Cranberry capsule to Client #1.  Record review on November 21, 2013, at 11:49 a.m., revealed the pharmacist conducted a drug regimen review for Client #1 on April 4, 2013 and October 2, 2013. Continued review of the record revealed that the pharmacist noted to "see report"	W 331	<b>W 331</b>  VOAC Administrative and Nursing staff will ensure that all recommendations made by the Pharmacist are implemented and any report detailing findings by the Pharmacist are available for review. VOAC will also ensure that irregularities are addressed with the Primary Care Physician and the nurses via documented discussion and resolution in the nurses' notes. VOAC Quality Assurance team will monitor for compliance per VOAC internal QA processes.  By 12/20/13		

*Compliance, State Director 12/12/13*



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W 331	<p>Continued From page 7</p> <p>for irregularities and/or pharmacist recommendations. Further review of the record failed to disclose a report describing the drug regimen irregularities.</p> <p>An interview with LPN #2, on November 21, 2013, at approximately 2:15 p.m., was held to ascertain the results of the pharmacist review. The LPN indicated that she was aware that the pharmacist identified drug irregularities; however, she was not able to locate the report and was unaware of the irregularities.</p> <p>At the time of the survey, the nurse failed to provide evidence to ensure that the report from the pharmacist was addressed by the primary care physician.</p>	W 331			

*Conn Price, State Director 12/13/13*

Health Regulation & Licensing Administration

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I 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from November 20, 2013 through November 22, 2013. A sample of three residents was selected from a population of five females with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews with direct support staff, nursing and administrative staff, as well as a review of residents' medical and habilitation records and the GHIID's administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Day Program Staff - DPS Direct Support Professional - DSP Group Home for Individuals with Intellectual Disabilities - GHIID Facility Coordinator - FC Individual Support Plan - ISP Intermediate Care Facility - ICF Licensed Practical Nurse - LPN Medication Administration Record - MAR Physician's Order - POS Qualified Intellectual Disabilities Professional - QIDP Registered Nurse - RN Range of Motion - ROM</p>	I 000		
I 180	<p><b>3508.1 ADMINISTRATIVE SUPPORT</b></p> <p>Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record</p>	I 180		

Health Regulation & Licensing Administration

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

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 8

*Compliance State Review, 12/13/13*



Health Regulation & Licensing Administration

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I 180	<p>Continued From page 1</p> <p>review, the QIDP failed to ensure each resident's communication device was integrate and coordinate with the day program, for one of the three sampled residents. (Resident #3)</p> <p>The finding includes:</p> <p>Cross-refer to Federal decifiency citation W249. The QIDP failed to ensure Resident #3's communication devices was implemented at the day program, as evidenced below:</p> <p>During resident observations on November 20, 2013, Resident #3 arrived home from day program at 3:50 p.m. The resident was escorted inside the GHIID in a custom-molded wheelchair. The surveyor verbally greeted the resident, but the resident did not respond. At approximately 3:55 p.m., DSP #2 informed the surveyor that Resident #3 was non-verbal. At 3:58 p.m., DSP #1 asked the resident how was her day at school. The resident did not respond. At approximately 4:00 p.m., DSP #1 provided Resident #3 with water as part of her snack. At 5:32 p.m., DSP #1 was observed talking to the resident during dinner; however, the resident did not respond. At 7:02 p.m., DSP #1 encouraged Resident #3 to press the keys on the keyboard. Again, the resident did not respond.</p> <p>Review of Resident #1's ISP records on October 28, 2013, at approximately 2:22 p.m., revealed an objective for &lt;resident name&gt; to visually discriminate/choose a leisure time activity using a four Icon voice device one time daily (Monday - Friday) in three of five consecutive trials.</p> <p>Interview with the QIDP on November 22, 2013, at approximately 1:00 p.m., revealed that Resident #3 was non-verbal and had a</p>	I 180		

*Connel Price, State Director 12/13/13*

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I 180	Continued From page 2  communication device that should be used daily. The QIDP stated that the communication device was only to be used in the home and not at the resident's day program.	I 180		
I 206	<b>3509.6 PERSONNEL POLICIES</b>  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 GHIID failed to ensure that all employees and health care professionals had current health certificates on file, for 2 of 21 DSPs (DSPs #3, and #4), 1 of 7 LPNs (LPN #3).  The findings include:  On November 21, 2013, beginning at 3:23 p.m., review of the personnel records for all employees including nurses, revealed the following:	I 206	<b>3509.6</b>  VOAC will ensure that all consultant and staff are in compliance with the regulations and VOAC policy regarding Health certificates.  1. DSP #3 and #4 certificate are attached.  2. LPN #3 health Certificate is attached  VOAC will ensure through audit of its electronic data base for staff and consultant credentials that all required documents are kept current and available for review as needed.  By 12/13/13	
	1. There was no evidence of a complete physician's health inventory/certificate for DSPs #3 and #4.  2. There was no evidence of a complete physician's health inventory/certificate for LPN #3.  On November 22, 2013 at approximately 1:00 p.m., the QDIP, who had facilitated the review,		<b>3520.3</b>  See W 331  <b>W 3521.3</b>	

Health Regulation & Licensing Administration  
STATE FORM

6899

See W 159 and W 249

1 sheet 3 of 8

*Come Price, State Director* 12/13/13



Health Regulation & Licensing Administration

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I 206	Continued From page 3  acknowledged the aforementioned findings. No additional information was made available for review before the survey ended.	I 206		
I 401	<b>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</b>  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, interview and record review, the GHIID failed to ensure that reports from the pharmacist were addressed for one of the three residents in the sample. (Resident #1)  The finding includes:  On November 20, 2013 at 4:59 p.m., LPN #1 was observed to administer Metformin, Calcium, Keppra and Cranberry capsule to Resident #1.  Record review on November 21, 2013, at 11:49 a.m., revealed the pharmacist conducted a drug regimen review for Resident #1 on April 4, 2013 and October 2, 2013. Continued review of the record revealed that the pharmacist noted to "see report" for irregularities and/or pharmacist recommendations. Further review of the record failed to disclose a report describing the drug regimen irregularities.  An interview with LPN #2, on November 21, 2013, at approximately 2:15 p.m., was held to ascertain the results of the pharmacist review. The LPN	I 401		

*Complete, State Director 12/13/13*

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I 401	Continued From page 4  indicated that she was aware that the pharmacist identified drug irregularities; however, she was not able to locate the report and was unaware of the irregularities.  At the time of the survey, the nurse failed to provide evidence to ensure that the report from the pharmacist was addressed by the primary care physician.	I 401		
I 422	<b>3521.3 HABILITATION AND TRAINING</b>  Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHIID staff failed to ensure resident's tactile communication box and communication device were made available, for two of three residents in the sample. (Residents #1 and #3)  The findings include:  1. The GHIID failed to ensure Resident #1's tactile communication box was presented at every opportunity, as evidenced below:  On November 20, 2013, at 4:11 p.m., Resident #1, who was visually impaired (blind), was observed being assisted with her dinner meal. DSP #1 assisted the resident by scooping food onto a spoon and placing the spoon into the resident's hand. The resident was then observed to guide to spoon to her mouth.  On November 21, 2013, beginning at 2:02 p.m.,	I 422		

*Connie Price, State Director 12/13/13*



Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0271	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/22/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VOLUNTEERS OF AMERICA

431 53RD STREET, SE  
WASHINGTON, DC 20019

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I 422	<p>Continued From page 5</p> <p>review of Resident #1's ISP dated February 25, 2013, revealed the resident had a formal program to select (pick-up) her drinking cup and spoon among other objects in her tactile box prior to dinner, one time a day, Monday thru Friday. Further review of the program revealed the following steps:</p> <ul style="list-style-type: none"> <li>- Staff will say &lt;resident name&gt;, we have a box that will allow you to choose what you need to eat and drink with.</li> <li>- Staff will place her hand in the empty box so that she may feel the rectangle-shaped area and the roundly shaped areas before placing items in them.</li> <li>- One at a time staff will allow &lt;resident name&gt; to explore the box and its shape, etc.</li> <li>- Next, staff will say, I am going to put your spoon that you eat with inside the box. Let's see if you can find your spoon. Staff will gently place the resident's hand in the general area and allow her to explore.</li> <li>- When she find the spoon and take the spoon out of the box, staff will provide verbal praise. Staff will then say, &lt;resident name&gt;, its dinner time. These same steps would be repeated for the cup.</li> </ul> <p>Interview with DSP #4 on November 21, 2013, at approximately 4:10 pm., confirmed that Resident #1 had a program to use a tactile communication box prior to dinner five days a week. DSP #4 stated that staff was to present the box to the resident and encourage her to reach inside the box to find her cup and spoon. DSP #4 further stated that the program was not implemented on</p>	I 422		

*Connie Rice, 12/13/13*

Health Regulation & Licensing Administration				
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NAME OF PROVIDER OR SUPPLIER  VOLUNTEERS OF AMERICA		STREET ADDRESS, CITY, STATE, ZIP CODE 431 53RD STREET, SE WASHINGTON, DC 20019		
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I 422	<p>Continued From page 6</p> <p>November 20, 2013, prior to dinner. The QIDP was interviewed on November 22, 2013, at approximately 12:45 p.m., to ascertain information regarding Resident #1's tactile box. When asked to see the tactile box, the QIDP could not locate the box inside the GHIID.</p> <p>2. The GHIID failed to ensure Resident 3's communication device was implemented at every opportunity, as evidenced below:</p> <p>During resident observations on November 20, 2013, Resident #3 arrived home from day program at 3:50 p.m. The resident was escorted inside the GHIID in a custom-molded wheelchair. The surveyor verbally greeted the resident, but the resident did not respond. At approximately 3:55 p.m., DSP #2 informed the surveyor that Resident #3 was non-verbal. At 3:58 p.m., DSP #1 asked the resident how was her day at school. The resident did not respond. At approximately 4:00 p.m., DSP #1 provided Resident #3 with water as part of her snack. At 5:32 p.m., DSP #1 was observed talking to the resident during dinner; however, the resident did not respond. At 7:02 p.m., DSP #1 encouraged Resident #3 to press the keys on the keyboard. Again, the resident did not respond.</p> <p>Review of Resident #1's ISP records on October 28, 2013, at approximately 2:22 p.m., revealed an objective for &lt;resident name&gt; to visually discriminate/choose a leisure time activity using a four Icon voice device one time daily (Monday - Friday) in three of five consecutive trials.</p> <p>Interview with the QIDP on November 22, 2013, at approximately 1:00 p.m., revealed that Resident #3 was non-verbal and had a communication device that should be used daily.</p>	I 422		

*Connie Price, 12/13/13*



Health Regulation & Licensing Administration

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NAME OF PROVIDER OR SUPPLIER  VOLUNTEERS OF AMERICA		STREET ADDRESS, CITY, STATE, ZIP CODE 431 53RD STREET, SE WASHINGTON, DC 20019		
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I 422	Continued From page 7  The QIDP stated that the communication device was only to be used in the home and not at the resident's day program. When asked, the QIDP presented the resident's communication device to the surveyor. The communication device had four voice activated recordings:  - I want to eat and drink;  - I would like to brush my teeth;  - I would like to go for a ride and;  - I would like to exercise.  At approximately 1:05 p.m., continued interview with the QIDP revealed that the communication device should be presented to the resident during snack/dinner.	I 422		

*Conf. Due, 12/13/13*  
*State Director*