

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2013
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NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 807 FERN PL, NW WASHINGTON, DC 20012
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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) COMPLETE DATE
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1 000	INITIAL COMMENTS A licensure survey was conducted on April 9, 2013. A sample of two residents was selected from a population of three males with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home, interviews with residents, direct support staff, and administrative staff, as well as a review of resident and administrative records, including incident reports.	1 000		
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1 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the group home for individuals with intellectual disabilities (GHIID) maintained the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, except for the following observations, for three of the three residents of the facility. (Residents #1, #2, and #3) The findings include: Observation during the inspection of the environment on April 9, 2013, beginning at 11:37 a.m., revealed the following:	1 090	To ensure that our facilities are maintained in a safe, clean, orderly, attractive and sanitary manner free from accumulations of dirt, rubbish and objectionable odors, we have required that our Facility Managers complete a Facility Check-list weekly, that must be reviewed by the QDDP weekly and the Program Director monthly. Additionally,	5-9-13
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Health Regulation & Licensing Administration

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

Michael Brown

TITLE

Program Director

(X6) DATE

4-22-13

Health Regulation & Licensing Administration

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I 090	Continued From page 1 1. During the review of the records, the surveyor overheard the faucet dripping in the facility's kitchen throughout the survey. The facility's maintenance attempted to repair the faucet, however, he indicated that the entire faucet would have to be replaced. 2. Observation of the first floor bathroom revealed the bottom of the bathroom tub was peeling. Interview with the qualified intellectual disabilities professional (QIDP) on April 9, 2013, at 1:36 p.m. revealed Resident #2 uses his shower chair in the bathtub, which has caused the paint to began to peel. 3. The carpeting in the facility's living room and hallway had begun to shred across the middle of the floor. It should be noted that Resident #2 uses a walker and needs staff assistance while ambulating. 4. Observation of Resident #2's bedroom at 11:30 a.m. revealed the resident's venetian blinds had between 10 and 13 louvers broken. Interview with the QIDP on April 9, 2013 revealed the resident likes to look out of his window. It should be noted that the broken louvers were near the head of the resident's bed which could be a potential for injury.	I 090	<i>Our maintenance has completed the following:</i> ① Kitchen faucet will be replaced by 5-9-13. ② First floor bathroom tub to be reglazed by 5-9-13. ③ Hallway carpet to be repaired so not to impede use of walker by 5-9-13. ④ Individual #2 bedroom blinds to be replaced by 5-9-13.	
I 206	3509.6 PERSONNEL POLICIES 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.	I 206	<i>Ward & Ward Mental Health Services, Inc. Human Resources Dept. has implemented a tracking system to notify</i>	

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I 206	Continued From page 2 This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that all employees and health care professionals had current health certificates on file, for one of two staff (Staff #1, direct care staff, (DCS). The finding includes: On April 9, 2013, beginning at 1:06 p.m., review of the personnel records for all employees, including licensed professionals revealed the following: There was no evidence of a complete physician's health inventory/certificate for one of the facility's DCS. Review of physician's health inventory/certificate revealed the staff failed to have a current chest x-ray, the last chest x-ray was dated April 30, 1993. Additionally, the health certificate dated July 11, 2012, failed to evidence a physician's signature. At approximately 1:15 p.m., the qualified intellectual disabilities professional (QIDP), who had facilitated the review, acknowledged the aforementioned finding. No additional information was made available for review.	I 206	<i>Staff at least 30 days prior to expiration of certifications to include Health Certificates. Additionally, Staff #1 Health Certificate is completed and available for review.</i>	5-9-13