

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 08/18/2011
NAME OF PROVIDER OR SUPPLIER WARD & WARD		STREET ADDRESS, CITY, STATE, ZIP CODE 807 FERN PL, NW WASHINGTON, DC 20012	

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1 000 INITIAL COMMENTS

1 000

On August 3, 2011, the Department of Health (DOH) received notification of a complaint from an anonymous individual via US mail. The complainant identified the following concerns:

Allegation #1: Theft and misuse of resident monies.

Findings: Interview with management staff and the review of the resident's financial records failed to reveal mismanagement of resident funds. Deficiencies, however, were cited for failure to have an effective system for financial record keeping.

Conclusion: This allegation could not be substantiated.

Allegation #2: Resident abuse and neglect.

Findings: Interview with the facility's administrator and the review of the facility's incident management system failed to show evidence of abuse/neglect.

Conclusion: This allegation could not be substantiated.

Allegation #3: Falsification of documentation.

Conclusion: This allegation could not be substantiated.

Allegation #4: Unsanitary living conditions.

Findings: Deficiencies were cited in the area of housekeeping.

Conclusion: This allegation could not be

Received 10/28/11

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

Health Regulation & Licensing Administration

Michael Lane

TITLE *Program Director* (X6) DATE *10/24/11*

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

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I 000	Continued From page 1 substantiated. Allegation #5: Individuals given wrong medication and reported medication errors. Findings: Review of the facility's medical records failed to evidence any incidents of individuals receiving the wrong medication. Conclusion: This allegation could not be substantiated. Allegation #6: Hostile work environment. Findings: Interviews conducted with facility employees failed to evidence a hostile work environment. Conclusion: This allegation could not be substantiated. Due to the nature of the anonymous complaint allegations, on August 4, 2011, an onsite investigation was initiated. The survey was conducted from August 4, 2011 through August 18, 2011. A sample of 3 residents was selected from a population of 3 males with varying degrees of intellectual disabilities. [Qualified Mental Retardation Professional (QMRP) will be referred to as Qualified Intellectual Disabilities Professional (QIDP) within this report].	I 000		
I 090	3504.1 HOUSEKEEPING	I 090		
	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			

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1090	<p>Continued From page 2</p> <p>odors.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the group home for persons with intellectual disabilities (GHPID) failed to ensure the interior of the facility was maintained in a safe and sanitary manner to meet the needs of four of four residents in the facility (Residents #1, #2, #3, and #4)</p> <p>The findings include:</p> <p>Observation of the internal environment of the facility on August 9, 2011 at approximately 3:00 p.m. revealed the following concerns:</p> <ul style="list-style-type: none"> a. Several of the kitchen drawers were off track. b. The linoleum flooring in the Kitchen was separating from the base floor. c. Some of the knobs on the kitchen cabinets were loose. d. The contents of one of the kitchen cabinet drawers; near the sink, were falling out into the drawer located below it from the rear of the the drawer. e. The vent screen located in the range hood had a large amount of sticky grease film on it. 	1090	<p>1090</p> <ul style="list-style-type: none"> A. Repaired Kitchen drawers. B. Repaired linoleum flooring. C. Repaired knobs on kitchen cabinets. D. Repaired kitchen drawer. E. Replaced vent screen. <p>All repairs and replacements were completed by 10-21-11. Additionally our facility Managers are required to complete a facility checklist weekly and monitored by QDDP weekly, finally reviewed by Program Director monthly to ensure a safe and sanitary facility.</p>
1188	<p>3508.6 ADMINISTRATIVE SUPPORT</p> <p>Documentation that services have been provided as required by each resident's Individual Habilitation Plan including contracts, vendor agreements, receipts, and paid bills shall be available for review by authorized regulatory</p>	1188	

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I 188	Continued From page 3 personnel. This Statute is not met as evidenced by: Based on interview and record review the GHPID failed to ensure that contract services documentation was on file for the regulatory agency's review for three of the four residents residing in this facility. (Resident #1, #2, and #3) The findings includes: On August 11, 2011 at approximately 10:15 a.m. interview with the Financial Analyst revealed that when residents personal funds increase and their is a threat of being medicaid ineligible a decision is made to reduce the personal funds in their bank account. Further interview revealed that the process involves moving a certain amount in order to decreases their financial resources which allows them to remain eligible for medicaid benefits. Review of bank ledgers for resident #1, #2, and #3 revealed that \$1,500.00 was disbursed on December 10, 2010 to the Vinner Trust. According to the Financial Analyst during a phone contact with the representative associated with the Trust, she was informed her that "they are not obligated to provide them with a receipt at the time of deposit". Reportedly, they will receive a statement quarterly detailing the deposits into this fund. Further review of the financial records failed to evidence any receipts of \$1,500.00 disbursement forwarded to the Trust.	I 188	Please find attached revised policies on: * Individuals Personal Finance * Record Keeping for Individuals Personal Funds - Deposits * Record Keeping for Individuals Personal Funds - Expenses * Request For Funds * Submission of Receipts * Individual community account - unapproved expenses * Disbursement & Reimbursement of personal allowance funds. These policies are being implemented to ensure that documentation is able to support, habilitation, vendor agreements, receipts and paid bills in accordance to regulation 3508.6,7. Additionally please find attached	
I 189	3508.7 ADMINISTRATIVE SUPPORT Each GHMRP shall maintain records of residents funds received and disbursed.	I 189		

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1189	<p>Continued From page 4</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to maintain a complete accounting of residents' personal funds, for three of three residents residing in this facility. (Residents #1, #2 and #3)</p> <p>The findings include:</p> <p>The GHPID failed to provide evidence of funds received and disbursement on the behalf of Resident #1, #2, and #3's personal accounts, as evidenced below:</p> <ol style="list-style-type: none"> Interviews August 9, 2011 at 10:00 a.m. with the Financial Analyst and the Financial Administrator revealed that Resident #1 has a personal bank account. Further interview with the Financial Analyst on August 11, 2011 at approximately 11:00 a.m., failed to reveal that Resident #1 personal funds received were being maintained as evidenced below: <ol style="list-style-type: none"> Resident #1 is employed with the Regal Cinemas and receives his payroll direct deposit to his personal bank account. Further review of Resident #1's financial records fail to evidence copies of any of his payroll stubs. Reportedly, the residents receives a stipend pay from his employment and they are filed in his financial records. According to the Financial Analyst the pay statement are use to verify the amount of personal funds received and deposited in the residents bank account. Interviews conducted on August 9, 2011 at 12:20 p.m. with the Financial Analyst and the Financial Administrator revealed that Resident #2 	1189	<p><i>Receipt from Vinner Trust for \$1,500 on individual #1.</i></p> <p><i>1189 - i see TAG # 1188 AND attached policies.</i></p> <p><i>2. see Tag # 1188 and attached policies</i></p>

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I 189	<p>Continued From page 5</p> <p>has a personal bank account. Further interview with the Financial Analyst on August 11, 2011 at approximately 12:40 p.m., failed to reveal that Resident #2 personal funds received were being accounted as evidenced below:</p> <p>a. On April 1, 2010 a disbursement \$69.00 for Resident #1's leisure and recreational outings. Review of the receipts revealed that the client went to the movies at the Majestic 20 theatre 4/17 and 4/24. A total of \$18.00 (\$9.00 entrance fee on both days) was paid out of the residents personal funds. Additionally, the resident attended the Art and Therapy Drama Institute play the admission fee \$10.00 for one staff was paid out of the residents personal funds.</p> <p>b. On May 20, 2010 a disbursement of \$90.00 for Resident #1's leisure and recreational outings. Review of the available receipts revealed that he attended the Universoul Circus with staff accompanying him. An entrance fee of \$16.50 was paid out of the residents personal funds. A second receipt from the Lucky Strikes Lanes of Washington for \$40.55 for 4 person entrance fee to bowling alley and 4 individual shoe rentals was paid out of the resident personal funds. Lastly, a third receipt appeared from the Royale 14 and indicated that one staff entrance fee of \$8.75 was paid out of the residents personal funds.</p> <p>3. Interviews August 9, 2011 at 11:10 a.m. with the Financial Analyst and the Financial Administrator revealed that Resident #3 has a personal bank account. Further interview with the Financial Analyst on August 11, 2011 at approximately 11:45 a.m., failed to reveal that Resident #3 personal funds were being monitored and accounted as evidenced below:</p>	I 189	<p>3- See TAG # 1188 and attached policies.</p>

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I 189

a. Resident #3 is employed with PSI Services, Inc. and receives a stipend payments which is direct deposited to his personal bank account. Further review of Resident #3's financial records. Only one copy of his pay stubs appeared in the financial records. Reportedly, residents who receive stipends have each posted in their financial records. According to the Financial Analyst the pay statement are use to verify the amount of personal funds received and deposited in the residents bank account.