

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/04/2012
NAME OF PROVIDER OR SUPPLIER  WARD & WARD		STREET ADDRESS, CITY, STATE, ZIP CODE 302 'S' ST, NE WASHINGTON, DC 20002		
(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
I 000	INITIAL COMMENTS  A monitoring survey was conducted on March 27, 2012 through April 4, 2012 to review the adequacy of health care services. The facility has a residential population of five men with various degrees of intellectual and/or developmental disabilities.  The findings of the monitoring visit were based on observation, interviews with staff and residents, as well as the review of resident medical records.	I 000	<p><i>Received 5/7/12</i></p> <p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p><i>Please find attached the March 2012 MAR and POS which as you indicated that the individual did receive the medication as prescribed. Also attached is the consult dated 10-17-11 that the doctor states "he is on" which indicates the way the medication is given and not a change in medication. So I would <del>bring</del> bring to your attention page 1 of 2 and 2 of 2 of the consult that list his current medications and it is consistent with the</i></p>	
I 473	3522.4 MEDICATIONS  The Residence Director shall report any irregularities in the resident's drug regimens to the prescribing physician.  This Statute is not met as evidenced by: Based on observation, interview and record verification, the group home for persons with intellectual disabilities (GHPID) failed to report irregularities to the primary care physician (PCP) for one of one residents included in the sample. (Resident #1)  The findings include:  On 3-20-2012 a review of Resident #1's medical record revealed a neurology consult dated 10-17-2011. The consult revealed that Resident #1 was prescribed Phenytoin Sodium 100 mg capsules SA (RP: Dilantin) 2 caps (200 mg) by mouth every morning; Phenytoin Sodium 100 mg capsule sa (RP: Dilantin) 2 caps (200 mg) by mouth four times weekly at 4:30 p.m. non Tuesday, Thursday, Saturday, and Sunday; and Phenytoin Sodium 100 mg capsule sa (RP: Dilantin) 3 caps (300 mg) by mouth three times a week on Monday, Wednesday and Friday at 4:30	I 473		

Health Regulation & Licensing Administration

*Michael Warren*

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

TITLE  
*Program Director*

(X6) DATE

*5-2-12*

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I 473	<p>Continued From page 1</p> <p>p.m.. for seizure disorder. However further review of findings/recommendation section at the end of the consult reflected the following: " There were no seizures reported, patient is not communicative, and he is on Dilantin 200 mg bid. Level is 18.9 as of July 2011. He is doing well on present Dilantin dose-continue same. Follow up appointment in 6 months "</p> <p>Review of Resident #1's physician orders( PO) from September 2011 to present on 3-20-2012 revealed the resident was prescribed Phenytoin Sodium 100 mg capsules SA (RP: Dilantin) 2 caps (200 mg) by mouth every morning for Seizure Disorder, Phenytoin Sodium 100 mg capsule sa (RP: Dilantin) 2 caps (200 mg) by mouth four times weekly at 4:30 p.m. non Tuesday, Thursday, Sat, and Sun. for Seizure Disorder, and Phenytoin Sodium 100 mg capsule sa (RP: Dilantin)3 caps (300 mg) by mouth three times a week on Monday, Wednesday and Friday at 4:30 p.m.. for seizure disorder.</p> <p>Review of Resident #1's Medication Administration Record (MAR) from September 2011 to March 2012 listed the following dilantin medications administered: "Phenytoin Sodium-3 Capsules, Oral (mouth)-(Other) from 10-27-1998. Frequency: 3 times weekly, Comments: 3 Caps by mouth three times weekly at 4:30 on Monday, Wednesday, and Friday for seizure disorder, Phenytoin Sodium-2 capsules, oral (mouth)-(other from 10-27-1998). Frequency: 4 times weekly: Comments: 2 Caps by mouth four times weekly at 4:30 on Tuesday, Thursday, Saturday, and Sunday for seizure Disorder, Phenytoin Sodium-2 capsules, oral (mouth)-(other) From 10-27-1998 Frequency: Every AM: Comments: 2 Caps by mouth every morning."</p>	I 473	<p>MAR and POS. Having said that the RN is required to review all medical consults for accuracy and document. Please find attached the Record of medical service sheet dated 4-18-12 and RN's review on 4-19-12, as evidence.</p>	

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1473	<p>Continued From page 2</p> <p>A interview conducted with the register nurse (RN) on 03-27-12 at 9:00 a.m. revealed that she went to the neurologist office on 03-23-12 to seek clarification of the dilantin dosages in the 11-17-2011 consult. Further interview with the RN, revealed that the prescribing physician clarified that Resident #1 was prescribed Phenytoin Sodium 100 mg capsules SA (RP: Dilantin) 2 caps (200 mg) by mouth every morning, Phenytoin Sodium 100 mg capsule sa (RP: Dilantin) 2 caps (200 mg) by mouth four times weekly at 4:30 p.m. on Tuesday, Thursday, Saturday, and Sunday, and Phenytoin Sodium 100 mg capsule sa (RP: Dilantin) 3 caps (300 mg) by mouth three times a week on Monday, Wednesday and Friday at 4:30 p.m.. The RN also acknowledged her failure to seek timely clarification and should have obtained clarification immediately.</p> <p>Note: A review of the PO order sent post survey via an e-mail by the RN on 04-20-2012 verified that the previously prescribed dosage for Dilantin had remained unchanged and that the resident had been receiving the correct dosage as prescribed.</p>	1473		