

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

PRINTED: 06/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2009
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NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 4316 ALABAMA AVE, SE WASHINGTON, DC 20019
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W 000	INITIAL COMMENTS	W 000		
	<p>A re-certification survey was conducted from 5/20/09 to 5/21/09. A random sampling of two clients was selected from a population of three individuals with varying degrees of disabilities.</p> <p>This survey was initiated utilizing a full survey process. The findings of this survey were based on observations at the group home and one day program, interview with direct care staff and management, and a review of the habilitation and administrative records including the unusual incident reports.</p>		<p><i>Received 6/10/09</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
W 120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview, and record review, the facility failed to effectively monitor the day program to ensure that one of two sampled clients received their prescribed dietary regimen. (Client #1)</p> <p>The findings include:</p> <p>The facility failed to ensure Client #1 's day program followed his prescribed diet.</p> <p>Observation of Client #1 at his day program on 5/20/09 at 12:05 PM revealed, his attending staff accompanied him to a vending machine and assisted him in purchasing a diet coke to go with his lunch. Interview with the day program staff on the same day at approximately 12:11 PM revealed, he was allowed to purchase a diet coke</p>	W 120	<p>It is the the responsibility of the agency to ensure the coordination of the outside services rendered to the individuals.</p> <p>The nutritionist reported to the day program, and inserviced the staff on the the drinks to allow, to omit, as well as of the dairy products to allow, and to omit on client #1's diet. The list was provided to the day program Refer to attachment #1.</p> <p>In the future the facility will ensure that the day program provides client #1 with diet as prescribed. This will be completed by regular day program monitoring by the Qmrp.</p>	6-09-09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Marie-Andre Espinoza* TITLE: *Program Director* (X6) DATE: *6-10-09*

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 120	<p>Continued From page 1 everyday for lunch.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and the facility's Licensed Practical Nurse (LPN) on 5/21/09 at approximately 10:00 AM revealed Client #1 had Gastro Intestinal (GI) problems and was currently prescribed Omeprazole (Prilosec) 20mg to reduce stomach acid in effort of managing his GI complications.</p> <p>Record review on 5/21/09 at approximately 10:15 AM revealed his Nutrition Assessment dated 2/28/09 outlined " [Client #1] was seen by his Gastroenterologist for stomach problems and was diagnosed with Diverticulosis and moderate to severe Gastritis. His diet was changed to ... no caffeine. " The Nutritional consult further recommends to omit caffeinated " soft drinks ... all regular and diet including ... Cola " .</p>	W 120	<p>It is the the responsibility of the agency to ensure the coordination of the outside services rendered to the individuals.</p> <p>The nutritionist reported to the day program, and inserviced the staff on the the drinks to allow, to omit, as well as of the dairy products to allow, and to omit on clietn #1's diet. The list was provided to the day program Refer to attachment #1.</p> <p>In the future the facility will ensure that the day program provides client #1 with diet as prescribed. This will be completed by regular day program monitoring by the Qmrp.</p>	6-09-09
W 148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the guardian received timely notification of an injury of unknown origin</p>	W 148		

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W 148 Continued From page 2 for one of three sampled clients. [Client #2]

The finding includes:

The facility failed to notify Client #2 guardian of an injury of unknown origin as evidenced below:

On 5/20/09 at approximately 10:15 AM, interview with the facility's Qualified Mental Retardation Professional (QMRP) and review of the unusual incident management system revealed, Client #2 was discovered on 8/17/08 with a swollen face and a reddened right eye. Further interview with the QMRP revealed the agency should have notified the guardian of this incident.

Review of Client #2 's records on the same day did not evidence the guardian had been notified of this incident.

W 148

It is the policy of RCM to notify the circle of support of any unusual incident including the guardian. The Qmrp was inserved by the Incident Management Coordinator of the incident notification. Refer to attachment #2 In the future the Qmrp will ensure that all parties are notified of all of unusual incidences of injuries of unknown origin.

6-10-09

W 159 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL

Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.

This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination, monitoring, and implementation of a client's habilitation and planning for two of three of the clients in the sample. [Clients #1 and #2]

W 159

Refer to W 120 P. 1 Attachment # 1

6-09-09

The finding includes:

1. The QMRP failed to ensure client #1 did not consume caffeinated beverages while attending

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W 159	Continued From page 3 his day program. [See W120] 2. The QMRP failed to ensure the guardian received timely notification of an injury of unknown origin. [See W148] 3. The QMRP failed to ensure the staff was adequately trained to implement the dietary orders to prevent the consumption of dairy and caffeinated foods as prescribed. [See W189] 4. The QMRP failed to ensure the facility ' s staff implemented the dietary restrictions and the dietary orders to prevent the consumption of foods which contained dairy and caffeine. [See W460]	W 159	Refer to W 148 P.3 Attachment # 2 Refer to W 189 P. 4 Attachment #3 Refer to W 189 P. 4 Attachment #3	6-10-09 6-10-09 6-10-09
W 189	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all staff was trained to properly manage the habilitation and safety needs for one of the three clients included in the sample. [Client #1] The findings include: Interview with the facility ' s staff on 5/21/09 at 10:00am revealed Client #1 takes part in community outings during the weekends. During the outings, he is allowed to purchase a diet coke. Interview with the LPN on 5/21/09 at	W 189	All house staff were trained on client #1's diet with emphasis of foods and drinks to omit and those to offer. Refer to attachment #3. In the future, the house management will ensure that client # 1 receives his diet as prescribed.	6-10-09

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W 189	Continued From page 4 approximately 10:08 AM revealed Client #1 had Gastro Intestinal (GI) problems and was currently prescribed Omeprazole (Priosec) 20mg to reduce stomach acid in effort of managing his GI complications. Further interview with the Licensed Practical Nurse (LPN) on 5/21/09 at 10:15 AM verified Client #1 should not be allowed to have any caffeine products. Record review on 5/21/09 at approximately 10:18 AM revealed his Nutrition Assessment dated 2/28/09 outlined " [Client #1] was seen by his Gastroenterologist for stomach problems and was diagnosed with Diverticulosis and moderate to severe Gastritis. His diet was changed to ... no caffeine. " The Nutritional consult further recommends to omit caffeinated " soft drinks ... all regular and diet including ... Cola ". Further record review revealed, Client #1 ' s Physician ' s Order Sheet (POS) dated 3/23/09 provided the following dietary order: " 2100 calories (reducing diet) ... no caffeine. " Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 5/21/2009 at approximately 10:22 AM revealed the facility ' s staff received training on Client #1 ' s dietary needs on 3/17/09 and 3/31/09. At the time of survey, there was no evidence this training was affective.	W 189	All house staff were trained on client #1's diet with emphasis of foods and drinks to omit and those to offer. Refer to attachment #3. In the future, the house management will ensure that client # 1 receives his diet as prescribed.	6-10-09
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by:	W 331	All house staff were trained on client #1's diet with emphasis of foods and drinks to omit and those to offer. Refer to attachment #3. In the future, the house management will ensure that client # 1 receives his diet as prescribed.	6-10-09

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W 331	<p>Continued From page 5</p> <p>Based on observation, staff interview and record review, the facility failed to provide nursing services in accordance with the needs of the clients residing in this facility. [Client #1]</p> <p>The finding includes:</p> <p>1. The facility's nursing staff failed to provide Client #1's day program with the current physician's orders as evidenced below:</p> <p>Observation of Client #1 at his day program on 5/20/09 at 12:05pm revealed, his attending staff accompanied him to a vending machine and assisted him in purchasing a diet coke to go with his lunch. Interview with the day program staff on the same day at approximately 12:11 PM revealed, he was allowed to purchase a diet coke everyday for lunch.</p> <p>Interview with the facility's Licensed Practical Nurse (LPN) on 5/21/09 at 9:55 AM revealed the current order dated 3/6/09 for Client #1 was as follows, " Diet Change ... 2100 calorie (reducing) high fiber, no fried foods, spicy foods, orange juice, grapefruit juices, oranges, grapefruits, tomatoes, dairy and caffeine. (Follow foods as outlined in food plan) ". Further interview revealed this dietary change was not transcribed by the pharmacy on the orders submitted to the day program.</p> <p>Record review on 5/21/09 at approximately 10:15 AM revealed his Nutrition Assessment dated 2/28/09 outlined " [Client #1] was seen by his Gastroenterologist for stomach problems and was diagnosed with Diverticulosis and moderate to severe Gastritis.</p> <p>At the time of the survey, there was no evidence</p>	W 331	<p>The designated nurse has been trained to ensure that all the physician orders are transcribed, and delivered to the day program promptly. A documented proof of delivery will be provided to the facility for review by the RN.</p> <p>Refer to attachment # 4</p> <p>In the future, the designated nurse will ensure that the day program receives a transcribed physicians order reflecting the current diet.</p>	5-21-09
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W 331	Continued From page 6 that the nursing staff ensured Client #1 ' s day program was notified of the changes to his prescribed diet. 2. The facility ' s nursing staff failed to have an effective system of monitoring Client #1 ' s noon medications. Interview with the facility ' s LPN on 5/21/2009 at approximately 2:30 PM revealed, Client #1 was prescribed 60cc of Constulose 10gm/15ml three times a day. According to the LPN, Client #1 receives his noon dosage of the Constulose at his day program. Further interview with the LPN on the same day revealed they were not receiving the copies of the Medication Administration Records (MAR) from the day program. The LPN presented documented evidence of her efforts to request the copies of the monthly MARs. However, her attempts were unsuccessful. Interview with the facility ' s Registered Nurse (RN) Supervisor on 5/21/09 at approximately 2:40 PM revealed she was aware of the day program ' s non-responsiveness to submit the copies of the MARs. Further interview with the RN Supervisor and review of the nursing policies on the same day at approximately 2:50 PM verified she was responsible for " communicating with the Day Program clinical staff as necessary " .	W 331	The designated nurse will request for the day program MARs, and ensure that a copy is provided on a monthly basis. The facility RN will intervene when the designated nurse notifies her that the day program failed to honor the request. In the future the nursing staff will ensure that the day program sends a copy of the MAR to the facility on a monthly basis.	6-01-09
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by:	W 460		

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W 460	<p>Continued From page 7</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, staff interview and record review, the facility failed to ensure one of the three clients received their prescribed diet in accordance to their needs. [Client #1]</p> <p>The finding includes:</p> <p>The facility failed to ensure Client #1 was provided his prescribed diet as evidenced below:</p> <p>During the morning observations on 5/20/09 at 7:59 AM, Client #1 was observed being served a breakfast of pancakes, sausage, milk, apple juice, water and coffee.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and the facility's Licensed Practical Nurse (LPN) on 5/21/09 at approximately 10:05 AM revealed Client #1 had Gastro Intestinal (GI) problems and was currently prescribed Omeprazole (Prilosec) 20mg to reduce stomach acid in effort of managing his GI complications.</p> <p>Interview with the facility's staff on the same day at approximately, 10:20 AM revealed, Client #1 was provided a dairy free pancake and caffeine free coffee for his breakfast. However, an inspection of the food items available in the kitchen revealed there was no evidence of the dairy free pancakes and the caffeine free coffee. Reportedly, the staff stated she had used up the stock of the dairy free pancakes and caffeine free coffee and was planning to purchase these items.</p>	W 460	<p>The house staff was trained by the dietitian on all of the individuals' diet, but the training seemed ineffective; however, all staff were retrained on 6-10-09 Staff will continue to receive training on an ongoing basis.</p> <p>Refer to attachment # 3</p> <p>In the future, the facility management will ensure that there is always a stock of foods as per the individuals' diet orders.</p>	6-10-09

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W 460	Continued From page 8 Record review on 5/21/09 at approximately 10:10 AM revealed, Client #1 's Physician 's Order Sheets (POS) dated 3/23/09 prescribed a " 2100 calories (reducing) diet ... no dairy and caffeine. " His Nutrition Assessment dated 2/28/09 revealed " [Client #1] was seen by his Gastroenterologist for stomach problems and was diagnosed with Diverticulosis and moderate to severe Gastritis. His diet was changed to ... no diary. " Review of the " Spring/Summer Menu " on the same day at approximately 3:30 PM revealed there was no evidence to verify he was to receive the " diary free " pancakes and the " caffeine free " coffee for breakfast.	W 460	The house staff were trained by the dietitian on all of the individuals' diets, but the training seemed ineffective; however, all staff were retrained on 6-10-09 Staff will continue to receive training on an ongoing basis. Refer to attachment # 3 In the future, the facility management will ensure that there is always a stock of foods as per the individuals' diet orders.	

Health Regulation Administration

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1 000	INITIAL COMMENTS A re-licensure survey was conducted from 5/20/09 to 5/21/09. A random sampling of two residents was selected from a population of three individuals with varying degrees of disabilities. The findings of this survey were based on observations at the group home and one day program, interview with direct care staff and management, and a review of the habilitation and administrative records including the unusual incident reports.	1 000	
1 040	3502.1 MEAL SERVICE / DINING AREAS Each GHMRP shall provide each resident with a nourishing, well-balanced diet. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure one of the three residents received their prescribed diet in accordance to their needs. [Resident #1] The finding includes: The facility failed to ensure Resident #1 was provided his prescribed diet as evidenced below: During the morning observations on 5/20/09 at 7:59 AM, Resident #1 was observed being served a breakfast of pancakes, sausage, milk, apple juice, water and coffee. Interview with the Qualified Mental Retardation Professional (QMRP) and the facility's Licensed Practical Nurse (LPN) on 5/21/09 at approximately 10:05 AM revealed Resident #1 had Gastro Intestinal (GI) problems and was currently prescribed Omeprazole (Prilosec) 20mg	1 040	The house staff were trained by the dietitian on all of the individuals' diets, but the training seemed ineffective; however, all staff were retrained on 6-10-09 Staff will continue to receive training on an ongoing basis. Refer to attachment # 3 In the future, the facility management will ensure that there is always a stock of foods as per the individuals' diet orders.

Health Regulation Administration

TITLE

(X6) DATE

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

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I 040	Continued From page 1 to reduce stomach acid in effort of managing his GI complications. Interview with the facility ' s staff on the same day at approximately, 10:20 AM revealed, Resident #1 was provided a dairy free pancake and caffeine free coffee for his breakfast. However, an inspection of the food items available in the kitchen revealed there was no evidence of the dairy free pancakes and the caffeine free coffee. Reportedly, the staff stated she had used up the stock of the dairy free pancakes and caffeine free coffee and was planning to purchase these items. Record review on 5/21/09 at approximately 10:10 AM revealed, Resident #1 ' s Physician ' s Order Sheets (POS) dated 3/23/09 prescribed a " 2100 calories (reducing) diet ... no dairy and caffeine. " His Nutrition Assessment dated 2/28/09 revealed " [Resident #1] was seen by his Gastroenterologist for stomach problems and was diagnosed with Diverticulosis and moderate to severe Gastritis. His diet was changed to ... no dairy. " Review of the " Spring/Summer Menu " on the same day at approximately 3:30 PM revealed there was no evidence to verify he was to receive the " dairy free " pancakes and the " caffeine free " coffee for breakfast.	I 040	The house staff was trained by the dietitian on all of the individuals' diet, but the training seemed ineffective; however, all staff were retrained on 6-10-09 Staff will continue to receive training on an ongoing basis. Refer to attachment # 3 In the future, the facility management will ensure that there is always a stock of foods as per the individuals' diet orders.	6-10-09
I 047	3502.5 MEAL SERVICE / DINING AREAS Each GHMRP shall be responsible for ensuring that meals, which are served away from the GHMRP, are suited to the dietary needs of residents as indicated in the Individual Habilitation Plan. This Statute is not met as evidenced by: Based on staff interview, and record review, the	I 047		

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1047	<p>Continued From page 2</p> <p>facility failed to effectively monitor the day program to ensure that one of two sampled residents received their prescribed dietary regimen. (Resident #1)</p> <p>The findings include:</p> <p>The facility failed to ensure Resident #1 ' s day program followed his prescribed diet.</p> <p>Observation of Resident #1 at his day program on 5/20/09 at 12:05pm revealed, his attending staff accompanied him to a vending machine and assisted him in purchasing a diet coke to go with his lunch. Interview with the day program staff on the same day at approximately 12:11 PM revealed, he was allowed to purchase a diet coke everyday for lunch.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and the facility ' s Licensed Practical Nurse (LPN) on 5/21/09 at approximately 10:00 AM revealed Resident #1 had Gastro Intestinal (GI) problems and was currently prescribed Omeprazole (Prilosec) 20mg to reduce stomach acid in effort of managing his GI complications.</p> <p>Record review on 5/21/09 at approximately 10:15 AM revealed his Nutrition Assessment dated 2/28/09 outlined " [Resident #1] was See Federal Deficiency Report Citation n by his Gastroenterologist for stomach problems and was diagnosed with Diverticulosis and moderate to severe Gastritis. His diet was changed to ... no caffeine. " The Nutritional consult further recommends to omit caffeinated " soft drinks ... all regular and diet including ... Cola " .</p> <p>Further record review revealed, Resident #1 ' s</p>	1047	<p>It is the the responsibility of the agency to ensure the coordination of the outside services rendered to the individuals.</p> <p>The nutritionist reported to the day program, and inserviced the staff on the the drinks to allow, to omit, as well as of the dairy products to allow, and to omit on client #1's diet. The list was provided to the day program Refer to attachment #1.</p> <p>In the future the facility will ensure that the day program provides client #1 with diet as prescribed. This will be completed by regular day program monitoring by the Qmrp.</p>	6-09-09

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I 047	Continued From page 3 Physician ' s Order Sheet (POS) dated 3/23/09 provided the following dietary order: " 2100 calories (reducing diet) ... no caffeine. "	I 047		
I 056	3502.14 MEAL SERVICE / DINING AREAS Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure staff who prepared meals received their food handler ' s certification for eight of the eight staff records reviewed. [Staff #1 through #8] The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of eight personnel files on 5/21/09 at approximately 11:00 AM revealed no evidence of a food handler ' s certification.	I 056	All staff will take the class in July as per UDC schedule. In the future the provider will ensure that all staff are trained, and possess a food handling certificate.	
I 082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure all bathrooms were	I 082		

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I 082	Continued From page 4 equipped with cup dispensers. The finding includes: The environmental inspection on 5/20/09 at 9:25 AM revealed neither Bathroom #1 on the first floor nor Bathroom #2 on the second floor was equipped with a cup dispenser for the resident 's use. Interview with the facility 's House Manger (HM) on the same day at approximately 9:50 AM revealed he would address the oversight with the maintenance staff.	I 082	The first and second floor bathrooms were equipped with the cup dispenser In the future, the facility will ensure that all bathrooms are equipped with the cup dispensers.	5-21-09
I 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 staff interview on 5/20/09 at approximately 9:35 AM, the facility failed to ensure the upkeep and maintenance of the exterior of the facility as evidenced below: 1. The screen in the dining room window was torn. 2. The screen in the kitchen window was torn. 3. The screen on the second floor window was damaged. 4. The gutters were overflowed with debris and twigs. 5. The trash area under the deck near the front	I 090	The screen in the dinning room window will be replaced The screen in the kitchen window will be replaced The screen on the second floor window will be replaced The gutters will be cleaned	6-24-09 6-24-09 6-24-09 6-24-09

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I 090	Continued From page 5 of the facility was overflowed with old building materials, boxes, garbage, wheelchairs, and pipes.	I 090	The trash area under the deck near the front of the facility was cleaned	5-20-09
I 183	3508.4 ADMINISTRATIVE SUPPORT Each GHMRP shall have a Residence Director who meets the requirements of § 3509.1 and who shall manage the GHMRP in accordance with approved policies and this chapter. This Statute is not met as evidenced by: Based on staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination, monitoring, and implementation of a resident's habilitation and planning for two of three of the residents residing in the facility. [Residents #1 and #2] The finding includes: 1. The QMRP failed to ensure resident #1 did not consume caffeinated beverages while attending his day program. [See Federal Deficiency Report Citation W120] 2. The QMRP failed to ensure the guardian received timely notification of an injury of unknown origin. [See Federal Deficiency Report Citation W148] 3. The QMRP failed to ensure the staff was adequately trained to implement the dietary orders to prevent the consumption of dairy and caffeinated foods as prescribed. [See Federal Deficiency Report Citation W189] 4. The QMRP failed to ensure the facility's staff implemented the dietary restrictions and the	I 183	Refer to W 120. P.1 Attachment #1 Refer to W 148 P.3 Attachment # 2 Refer to W 189 P.4 Attachment #3	6-09-09 6-10-09 6-10-09

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I 206	Continued From page 7 reviewed. [Consultant #1 and #2] The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of sixteen consultant files on 5/21/09 at approximately 12:00 PM revealed two of the sixteen consultants were without a current health certificate.	I 206	The two consultants' health certificates are currently on file. Refer to attachment #5 a & b In the future, the agency will ensure that all consultants' records are on file and available upon request.	5-25-09
I 222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all staff was trained to properly manage the habilitation and safety needs for one of the three residents included in the sample. [Resident #1] The findings include: Interview with the facility ' s staff on 5/21/09 at 10:00am revealed Resident #1 takes part in community outings during the weekends. During the outings, he is allowed to purchase a diet coke. Interview with the LPN on 5/21/09 at approximately 10:08 AM revealed Resident #1 had Gastro Intestinal (GI) problems and was currently prescribed Omeprazole (Prilosec) 20mg to reduce stomach acid in effort of managing his GI complications. Further interview with the Licensed Practical Nurse (LPN) on 5/21/09 at 10:15 AM verified Resident #1 should not be allowed to have any caffeine products.	I 222		Refer to W 189 P.4 Attachment #3

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1222	Continued From page 8 Record review on 5/21/09 at approximately 10:15 AM revealed his Nutrition Assessment dated 2/26/09 outlined " [Resident #1] was seen by his Gastroenterologist for stomach problems and was diagnosed with Diverticulosis and moderate to severe Gastritis. His diet was changed to ... no caffeine. " The Nutritional consult further recommends to omit caffeinated " soft drinks ... all regular and diet including ... Cola ". Further record review revealed, Resident #1 ' s Physician ' s Order Sheet (POS) dated 3/23/09 provided the following dietary order: " 2100 calories (reducing diet) ... no caffeine. " Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 5/21/2009 at approximately 10:22 AM revealed the facility ' s staff received training on Resident #1 ' s dietary needs on 3/17/09 and 3/31/09. At the time of survey, there was no evidence this training was affective.	1222	Refer to W 189 P.4 Attachment #3 Refer to W 189 P.4 Attachment #3	6-10-09 6-10-09
1374	3519.5 EMERGENCIES After medical services have been secured, each GHMRP shall promptly notify the resident ' s guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident ' s status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the guardian received timely notification of an injury of unknown origin for one of three sampled residents. [Resident #2]	1374	Refer to W 148 P.3 Attachment #2	6-10-09

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I 374	Continued From page 9 The finding includes: The facility failed to notify Resident #2 guardian of an injury of unknown origin as evidenced below: On 5/20/09 at approximately 10:15 AM, interview with the facility's Qualified Mental Retardation Professional (QMRP) and review of the unusual incident management system revealed, Resident #2 was discovered on 8/17/08 with a swollen face and a reddened right eye. Further interview with the QMRP revealed the agency should have notified the guardian of this incident. Review of Resident #2 's records on the same day did not evidence the guardian had been notified of this incident.	I 374	Refer to W 148 P.3 Attachment #2	6-10-09