Received 7/22/11
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
899 North Capitol St., N.E.
Washington, D.C. 20002

PRINTED: 07/13/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G071	A. BUILDING _____ B. WING _____	06/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	1034 BURNS ST., 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	INITIAL COMMENTS A re-certification survey was conducted from 6/21/2011 through 6/23/2011. The survey was completed utilizing the fundamental survey process. A random sampling of three clients was selected from a residential population of six males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at one day program, as well as a review of the client and administrative records, including the incident reports.	W 000	W120 The QIDP met with the day program of Clients #1, #2 and #3 to discuss the verbal feedback provided concerning the failure to adhere to the prescribed diets and meal protocols. The QIDP confirmed during this visit by visual inspection that the program had all needed adaptive equipment for each person (except the plate lifter), current physician's orders and the meal protocols for each person and adaptive equipment had been replaced at the day program by the home because it was reported that it was missing.....7-11-11 The day program currently does not have a contract with its meal vendor Nutrition Inc. BRA is supplying the lunches daily. The nutritionist has provided BRA with appropriate lunch menus for each person that are specific to each person's dietary needs and restrictions. BRA will insure that all lunches sent to the program match the menus provided by the nutritionist.....7-18-11 The QIDP will revisit the day program to insure that the staff has been trained on the specific elements of each individual's special diet. The QIOP will review the documentation record to insure that the special diets of client #1, #2 and #3 were addressed, that meal protocols were reviewed and that texture considerations were properly addressed. In the future the QIDP will ensure that meetings are scheduled at all day programs to ensure the elements of each individuals specific diet is discussed with the day program.....7-22-11 The QIDP will document her findings in the QIDP notes and will report any concerns found to the DDS Service Coordinator so that coordinated follow up can be done with the service coordinator.....7-22-11 The QIDP will observe lunch meals at the day program at minimum once monthly to insure that special diet mandates and all elements of the meal protocols are being consistently implemented at the day program.....8-1-11	
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure that the day treatment program provided mealtime services in accordance with prescribed orders for three of three sampled clients. [Clients #1, #2 and #3] The findings include: 1. Observation on 6/23/2011 at 12:06 p.m. revealed, Client #1 was observed eating a " TV Dinner " which consisted of sliced turkey, mashed potatoes and green peas. A review of the nutritional information listed on the TV Dinner ' s box revealed it contained 1060mg of Sodium per serving.	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Linda Graham, Program Director 7/22/11

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	Continued From page 1 Record review on 6/23/2011, at 2:16 p.m., revealed Client #1 ' s 6/2011 Physician ' s Order Sheet prescribed he receive a " 1500 Calories - Avoid salt in diet - bite sized portions - increased fiber " diet. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 at approximately 2:21 p.m. confirmed, Client #1 ' s meals should be salt free as prescribed on his physician ' s orders. The IMC indicated she would meet with the Qualified Intellectual Disability Professional (QIDP) to ensure staff was retrained on Client #1 ' s nutritional requirements. The facility failed to ensure the accurate and consistent implementation of Client #1 ' s prescribed diet as written. 2. Observation on 6/23/2011 at 12:05 p.m. revealed, Client #1 was observed eating a meal of sliced turkey, mashed potatoes and green peas. The attending staff was interviewed at the time of the observation and confirmed the turkey was served sliced and in whole sized pieces. Record review on 6/23/2011, at 2:15 p.m., revealed Client #1 ' s 6/2011 Physician ' s Order Sheet prescribed he receive a " 1500 Calories - Avoid salt in diet - bite sized portions - increased fiber " diet. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 at approximately 2:20 p.m. confirmed, all Client #1 ' s meals should be served bite sized as prescribed on his physician '	W 120	The QIDP and RN will insure that the day program receives current physician's orders, any changes suggested in the diets, any modifications made on meal protocols, new menus, updated nutrition assessments and any other information relevant to the special diet needs of clients #1, #2 and #3 in a timely manner so that such changes are implemented by both the home and day program in the time frames prescribed. In the future the QIDP and the RN will ensure that physicians are sent to the day program with any changes in the diets documented on the physicians orders appropriately.....8-1-11 1. The QIDP will insure that the day program staff is trained on Client #1's salt restriction and all other elements of his special diet and meal protocol. In the future the QIDP ...7-22-11 2. The QIDP will insure that the training covers proper texture for Client #1...7-22-11 3. BRA has ordered a plate lifer for the day program and should have it by...7-30-11 In the meantime, the QIDP advised the day program that a large phone book could serve this purpose in the interim or some other item of equivalent thickness...7-18-11 The QIDP will insure that the training for client #1 addresses the importance of insuring that he is seated upright at a 90 degree angle...7-22-11	

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W 120	Continued From page 2	W 120		

s orders. The IMC indicated she would meet with the Qualified Intellectual Disability Professional (QIDP) to ensure staff was retrained on Client #1 ' s food texture restrictions.

The facility failed to ensure the accurate and consistent implementation of Client #1 ' s prescribed diet as written.

3. Observation on 6/23/2011 at 12:07 p.m. revealed Client #1 ' s meal was placed in a divided plate and placed on top of his bib that was stretched out over the table in front of him. He was also observed leaning to the left as he sat to eat his meal independently. He had moderate difficulty with drinking and eating (spillage) due to him leaning to the left as he attempted to consume his meal.

Record review on 6/23/2011 at 3:05 p.m. revealed his 06/19/2010 Mealtime Protocol listed a " plate lifter " as one of the adaptive equipment that should be provided to him during meals. In addition, the same Mealtime Protocol also recommended that Client #1 be " seated upright at 90 degrees " during meals. Client #1 was not provided the plate lifter or seated upright at 90 degrees as recommended.

Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 at approximately 3:07 p.m. confirmed, Client #1 ' s should have been seated upright (90 degrees) and also should have been provided the " plate lifter " as recommended. The IMC further indicated she would meet with the Qualified Intellectual Disability Professional (QIDP) to ensure staff was retrained on Client #1

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' s mealtime requirements.

4. Observation on 6/23/2011 at approximately 12:08 p.m. revealed Client #2 ' s meal of meatloaf, kernelled corn and mashed potatoes was served in high sided divided plate. His meatloaf was cut by staff into large chunks prior to him eating his meal. After he finished his meal, he cleaned off his plate and provided the plate to the kitchen staff to be washed off. He then was escorted to his room by his 1:1 staff.

Record review on 6/23/2011 at 4:24 p.m. revealed Client #2 ' s 06/01/2011 Physician Orders (POS) prescribed he receive a " chopped, regular double portions " diet.

Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 at approximately 4:26 p.m. confirmed, Client #1 ' s meal should have been served in a " chopped " texture and he should have been afforded a second portion as prescribed by the Primary Care Physician (PCP). The IMC further indicated she would meet with the Qualified Intellectual Disability Professional (QIDP) to ensure staff was retrained on Client #1 ' s nutritional/mealtime requirements.

5. Observation on 6/23/2011 at 12:30 p.m. revealed, Client #3 was observed eating a pureed meal of sliced turkey, mashed potatoes and green peas. He was also served an 8oz can of a liquid supplement (vanilla) and water. The attending staff was interviewed at the time of the observation and confirmed the water was to be served at a " thickened " consistency. As Client #3 was served his water and supplement, the

4. The QIDP will insure that the training on client #2's diet addresses the chopped texture and the second portions issue...7-22-11

The QIDP will insure that the home provides enough lunch food for a second portion...7-18-11
The QIDP will observe the meals of client #2 for texture and to insure that the second portions are offered during her routine monthly visits...7-22-11

5. The QIDP will insure that the training on client #3'S diet covers the water "thickening" issue...7-22-11
The QIDP will insure during her 7-22-11 visit that the day program has the thickening agent and will observe for this during her routine visits to the program...7-22-11

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fluids were observed to stream down the side of his face and also drooling from his mouth when leaned forward. Both the water and the nutritional supplement were observed to move/shake back and forth in the spout cups as the staff lifted them to be served.

Record review on 6/23/2011, at 3:24 p.m., revealed Client #3 ' s 6/2011 Physician ' s Orders (POS) prescribed he receive " honey thick liquids " at all times.

Interview with the facility ' s Director of Nursing (DON) and Facility Incident Management Coordinator (FIMC) on 6/23/2011 at approximately 5:50 p.m. confirmed, all Client #1 ' s liquids should have been served in a honey thick consistency. In addition, the DON confirmed the " honey thickened " liquids should not flow and should also stick to spoon if they were served in the proper consistency. The DON indicated she would meet with the Qualified Intellectual Disability Professional (QIDP) to ensure staff was retrained on Client #3 ' s food texture restrictions.

6. Observation on 6/23/2011 at approximately 12:35 p.m. revealed, Client #3 was served an 8oz can of a liquid nutritional supplement (vanilla) and water. The attending staff was interviewed at the time of the observation and confirmed Client #3 was prescribed to receive the nutritional supplement with his meals.

Record review on 6/23/2011, at 3:51 p.m., revealed Client #3 ' s 11/30/2010 Nutritional assessment recommended that he receive a "Soy based liquid nutritional supplement 3x daily.

6. BRA will insure that the day program is provided with soy-based Ensure for client #3 as opposed to milk-based...7-18-11

7. The plate guard was availabie but the day program staff failed to use it during the survey meal observation for client #3. The QIDP will insure that the plate guard issue is covered in the staff training on client #3's diet and meal time needs. Additionally, the QIDP will monitor this concern during her routine monthly meal observations at the program...8-1-11

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Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 at approximately 5:52 p.m. confirmed, all of Client #1 ' s nutritional supplements were milk based products. There were no " soy based " products available for Client #3 to consume as recommended. The DON indicated she would meet with the Qualified Intellectual Disability Professional (QIDP) to ensure the correct nutritional supplement would be purchased to ensure Client #3 ' s health and safety.

7. Observation on 6/23/2011 at approximately 12:31 p.m. revealed, Client #3 was provided a divided plate and a built-up handled spoon for him to eat lunch at his day program.

Record review on 6/23/2011 at approximately 3:55 p.m. revealed Client #3 ' s 11/30/2010 Nutritional assessment outlined his " Supported Devices " included a " plate guard. " The facility failed to ensure he was provided a plate guard during lunch.

Interview with the facility ' s Director of Nursing (DON) and Facility Incident Management Coordinator (FIMC) on 6/23/2011 at approximately 5:52 p.m. confirmed, Client #3 should have been provided his plate guard during lunch. The FIMC indicated she would meet with the Qualified Intellectual Disability Professional (QIDP) to ensure staff received additional training on Client #3 ' s adaptive equipment needs.

W 159 483.430(a) QUALIFIED MENTAL W 159

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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 observation, staff interview and record review, the facility ' s Qualified Intellectual Disability Professional (QIDP) failed to ensure the coordination of services to promote the health and safety of three of three sampled clients. [Clients #1, #2 and #3]

The findings include:

1. The QMRP failed to ensure Client #1, #2 and #3 ' s day program effectively implemented the mealtime feeding protocols and nutritional requirements as prescribed. [See W120]

2. The QMRP failed to ensure all staff was competent in implementing clients' mealtime feeding protocols and nutritional requirements, for three of the three sampled clients. [See W194]

3. The QMRP failed to implement physical therapy programs to ensure the health and well-being of one of three sampled clients. [See W249]

4. The QMRP failed to ensure clients received their prescribed adaptive equipment during meals and pillows when seated for one of two sampled clients. [See W436]

5. The QMRP failed to ensure clients received

W159

1. See: responses for W120
2. See: responses for W194
3. See: responses for W249
4. See: responses for W436
5. See: Responses for W460
6. See: responses for W474

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W 159	Continued From page 7 their meals in the manner prescribed to meet their needs, for two of three sampled clients. [See W460] 6. The QMRP failed to ensure clients received their meals in the form and texture prescribed to meet their needs, for two of three sampled clients. [See W474] 7. Observation beginning on 6/21/2011 at approximately 4:05 p.m. revealed Client #1 required physical assistance when ambulating. Review of his 05/02/2011 Physical Therapy (PT) Assessment on June 23, 2011 at 2:42pm revealed a recommendation that the facility should "Put his bed on the wall to enter the room. " Observation and interview with the Facility Incident Management Coordinator (FIMC) and Special Projects Assistant (SPA) on 6/23/2011 at 5:31 p.m. confirmed the PT ' s recommendation was put in place to ensure Client #1 ' s health and safety. The FIMC and the SPA further confirmed the bed was not near the entrance of the room as recommended, but was along the back wall near the window. The facility ' s Qualified Intellectual Disability Professional (QIDP) failed to ensure the PT ' s recommendation was implemented to ensure the client ' s health and safety.	W 159	**7. Client #1's bed has been moved to the wall near the bedroom entrance as per the PT's recommendation.** In the future the QIDP will ensure that all physical therapy recommendations are implemented as requested in the individuals physical therapy assessment.....**7-14-11** In the future, the QIDP will also ensure that clinical recommendations are addressed in a timely manner by reviewing the medical records for each individual supported, monthly and auditing follow up on all recommendations accepted.....**8-1-11**	
W 194	483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.	W 194		

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This STANDARD is not met as evidenced by:
Based on observation, staff interview and record review, the facility failed to ensure all staff were competent in implementing clients' mealtime feeding protocols and nutritional requirements for three of the three sampled clients. [Clients #1, #2 and #3]

The findings include:

1. [See W120]
Observation on 6/23/2011 at 12:05 p.m. revealed, Client #1 ' s sliced turkey was not served in bite sized portions as prescribed. Review of Client #1 ' s 6/2011 Physician ' s Orders confirmed his meals should be served in " bite sized portions. " Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed, all Client #1 ' s meals should be served bite sized as prescribed on his physician ' s orders.

2. [See W120]
Observation on 6/23/2011 at 12:30 p.m. revealed, Client #3 ' s sliced liquids were not served at " honey thickened " consistency as prescribed. Review of Client #3 ' s 6/2011 Physician ' s Orders confirmed his liquids are prescribed to be served at a " honey thick " consistency. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed, all Client #1 ' s liquids are prescribed to be served at a " honey thick " consistency.

3. [See W120]

W194

The QIDP met with the day program of Clients #1, #2 and #3 to discuss the verbal feedback provided concerning the failure to adhere to the prescribed diets and meal protocols. The QIDP confirmed during this visit by visual inspection that the program had all needed adaptive equipment for each person (except the plate lifter), current physician's orders and the meal protocols for each person. In the future the QIDP will ensure that all adaptive equipment is available for each individual at the day program.....7-11-11

The day program currently does not have a contract with its meal vendor Nutrition Inc. BRA is supplying the lunches daily. The nutritionist has provided BRA with appropriate lunch menus for each person that are specific to each person's dietary needs and restrictions. BRA will insure that all lunches sent to the program match the menus provided by the nutritionist.....7-18-11

The QIDP will revisit the day program to insure that the staff has been trained on the specific elements of each individual's special diet. The QIDP will review the documentation record to insure that the special diets of client #1, #2 and #3 were addressed, that meal protocols were reviewed and that texture considerations were properly addressed. In the future the QIDP will visit the day program at least monthly and ensure that each individuals special diet is addressed.....7-22-11

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W 194	Continued From page 9 Observation on 6/23/2011 at 12:06 p.m. revealed, Client #1 ' s was served a TV Dinner which was listed to have 1060mg of Sodium per serving. Review of Client #1 ' s 6/2011 Physician ' s Orders confirmed the facility should " avoid salt in diet " to ensure his health and safety. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed, high sodium foods should not be served to Client #1 as prescribed by his PCP. 4. [See W120] Observation on 6/23/2011 at 12:08 p.m. revealed, Client #2 ' s was not provided a double portion for lunch at his day program. Review of Client #2 ' s 6/2011 Physician ' s Orders confirmed he ' s prescribed to receive double portions to ensure his health and weight. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed Client #2 should have been provided a double portion as prescribed by his PCP.	W 194	The QIDP will document her findings in the QIDP notes and will report any concerns found at the day program to the DDS Service Coordinator so that coordinated follow up can be done between the home, the day program and the Service Coordinator.....7-22-11 The QIDP will observe lunch meals at the day program at minimum once monthly to insure that special diet mandates and all elements of the meal protocols are being consistently implemented.....8-1-11 The QIDP and RN will insure that the day program receives current physician's orders, any changes suggested in the diets, any modifications made on meal protocols, new menus, updated nutrition assessments and any other information relevant to the special diet needs of clients #1, #2 and #3 in a timely manner so that such changes are implemented by both the home and day program in the time frames prescribed.....8-1-11	
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION 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	W 249	1. The QIDP will insure that the day program staff is trained on Client #1's salt restriction and all other elements of his special diet and meal protocol...7-22-11 2. The QIDP will insure that the training covers proper texture for Client #1. In the future the QIDP will ensure that the proper textures are being implemented at each individual's day program during her visits.....7-22-11 3. BRA has ordered a plate lifer for the day program and should have it by.....7-30-11 In the meantime, the QIDP advised the day program that a large phone book could serve this purpose in the interim or some other item of equivalent thickness.....7-18-11 The QIDP will insure that the training for client #1 addresses the importance of insuring that he is seated upright at a 90 degree angle.....7-22-11 4. The QIDP will insure that the training on client #2's diet addresses the chopped texture and the second portions issue and will monitor this issue during her day program visit.....7-22-11	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G071	A. BUILDING _____ B. WING _____	06/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	1034 BURNS ST., 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 249 Continued From page 10

review, facility failed to implement physical therapy programs to ensure the health and well-being of one of three sampled clients. [Client #1]

The findings include:

Observation beginning on 6/21/2011 at approximately 4:05 p.m. revealed Client #1 required physical assistance when ambulating. Review of his 05/02/2011 Physical Therapy (PT) Assessment on 6/23/2011 at 2:42 p.m. revealed the PT recommended the following programs to maintain Client#1 ' s mobility to best of his ability:

1. Goal: Client #1 will improve flexibility. Objective: Client #1 will tolerate stretching exercises once daily for 2 minutes at 100% accuracy for 6 months. Interview with the FIMC on 6/23/2011 at 5:35 p.m. confirmed the program has not been initiated to date.

2. Goal: Client #1 will improve his trunk and hip extension range of motion. Objective: Client #1 will tolerate the prone position with 4 pillows 2 times a day for 20 minutes at 100% accuracy for 6 months.

Further record review and interview with the Facility Incident Management Coordinator (FIMC) and Special Projects Assistant (SPA) on 6/23/2011 at 5:37 p.m. confirmed the PT ' s recommended programs had yet to be initiated.

The facility failed to ensure the implementation of all active treatment programs to ensure the health and safety of its residents.

W 249

W249

1. The PT will provide and implementation protocol and train staff on implementation (Stretching program for client #1) by 30-11. In the future the physical therapist will provide the necessary tools and proper training for all physical therapy programs.....7-30-11
2. The pillows need for client #1's ROM will be purchased by 07/22/11. As recommended.....7-22-11
The PT will provide an implementation protocol and train staff on its elements by 7-30-11. In the future training will occur immediately so the program can be implemented appropriately by staff.....07-30-11

The QIDP will systematically track clinical recommendations during monthly medical records audits to insure that all are implemented in a timely manner; the RN will also audit monthly for clinical recommendations and will track follow up.....8-1-11

W 331 483.460(c) NURSING SERVICES

W 331

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W 331 Continued From page 11

The facility must provide clients with nursing services in accordance with their needs.

This STANDARD is not met as evidenced by:
Based on staff interview and record review, the facility failed to ensure a client ' s fluid requirements were clarified for one of three sampled clients. [Client #2]

The finding includes:

Record review on 6/23/2011 at 4:24 p.m. revealed Client #2 ' s 6/1/2011 Physician ' s Orders (POS) prescribed the facility " increase [his] fluid intake to lower BUN. " Further record review on the same day at 4:33 p.m. revealed Client #2 ' s 4/1/2011 Nutrition assessment recommended that he receive a " 1000cc (4 cups) fluid restrictions per day. "

Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 at approximately 4:25 p.m. confirmed, they were not aware of the discrepancy. The DON indicated she would meet with the Primary Care Physician (PCP) on 6/25/2011 to ensure the correct and proper fluid requirements were implemented to ensure Client #2 ' s health and safety.

The facility ' s nursing staff failed to ensure Client #2 be provided the accurate and correct fluid requirements as prescribed.

W 331

W331

Client #2 is receiving the correct amount of fluids daily which is 1000ccs. The Physician's Orders say, "Increase fluid intake to lower BUN..." and right below that the Orders say, "1000ccs of fluid daily". More than 2 years ago, Client #2's fluid intake was increased from 850ccs daily to 1000ccs daily. That is why the Physician's Orders say, "Increase fluid intake..."
Leaving this verbiage on the Orders is confusing because by now (over 2 years later), 1000ccs is not an increase but rather the established regimen. The RN will discuss this with the PCP and based on the PCP's feedback, have the verbiage calling 1000ccs an increase removed from the current Physician's Orders.....7-18-11

The RN and the PCP will review new orders jointly on a routine basis to insure that they clearly reflect the correct treatment regimens on each individuals physicians orde.....8-1-11

W 336 483.460(c)(3)(iii) NURSING SERVICES

W 336

Nursing services must include, for those clients

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W 336	Continued From page 12 certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the nursing staff maintained quarterly nursing assessments for one of three sampled clients. [Client #1] The finding includes: Record review on 6/23/2011 at 2:32pm revealed the last nursing quarterly on file for Client #1 ' s at the time of survey was dated 9/01/2010. Interview with the facility ' s Director of Nursing (DON) on the same day at approximately 2:35 p.m. confirmed there were no other quarterlies on record. The DON indicated she would meet with all the nurses to ensure they correct this deficient practice and maintain timely documentation of patient care/status. The facility failed to ensure all clients received a quarterly nursing assessment to ensure their health and safety.	W 336	W336 A new Lead RN has been hired who has established a tracking and auditing system that is person-specific and that insures quarterly reviews are completed in a timely manner. in the future the RN will complete quarterly reviews in the designated month for each individual served.....7-24-11	
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	W 436		

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W 436	Continued From page 13	W 436		

This STANDARD is not met as evidenced by:
Based on observation, staff interview and record review, the facility failed to ensure clients received their prescribed adaptive equipment during meals for two of three sampled clients. [Clients #1 and #3]

The findings include:

1. [See W120] The facility failed to ensure Client #1and Client #3's mealtime adaptive equipment (plate lifter, plate guard) was provided at the day program.

2. Observation beginning on 6/21/2011 at approximately 4:05 p.m. revealed Client #1 required physical assistance when ambulating. Review of his 05/02/2011 Physical Therapy (PT) Assessment on 6/23/2011 at approximately 2:44 p.m. revealed the PT recommendation that the facility should "Purchase a gait belt with handles. "

Interview with the Facility Incident Management Coordinator (FIMC) and Special Projects Assistant (SPA) on 6/23/2011 at approximately 5:36 p.m. confirmed the gait belt was still not available for use and had yet to be purchased as of the date of survey. The FIMC indicated she would meet with the facility ' s Qualified Intellectual Disability Professional (QIDP) to ensure the PT ' s recommendation would be implemented.

3. Observation beginning on 6/21/2011 at approximately 4:06 p.m. revealed Client #1 would

W436

1. The needed plate lifter for client #3 has been ordered and will be delivered to the day program upon its arrival.....7-30-11
2. The gait belt has been ordered and will be obtained by.....7-30-11
The PT will train staff on its use prior to their implementation of the use of the gait belt...8-15-11
3. The QIDP will retrain staff to insure that the pillow is provided on a consistent basis for client #1 and will observe active treatment implementation at minimum twice weekly to insure the same.....7-12-11

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W 436	Continued From page 14 be seated in a recliner near the entrance (front door) of the facility. Client #1 was observed being seated to the dining room table and being reseated back in the recliner on at least three occasions during the evening. The first was during snack, the second was after taking part in table top activities and then again after dinner. Review of his 05/02/2011 Physical Therapy (PT) Assessment on 6/23/2011 at 2:42 p.m. revealed the PT recommended that he "Position a pillow the long way while seated in the chair. " Client #1 was not afforded a pillow while he was seated in any chair at the home or at the day program as recommended during the course of the survey. Interview with the Facility Incident Management Coordinator (FIMC) and Special Projects Assistant (SPA) on 6/23/2011 at approximately 5:38 p.m. confirmed the PT ' s recommendation to use the pillow while seated was not being implemented.	W 436		
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: Based on observation, staff interview and record review, the facility failed to ensure clients received their meals in the manner prescribed to meet their needs, for two of three sampled clients. [Clients #1 and #2] The findings include:	W 460	**W460** **1. The QIDP will insure that the day program staff is trained on Client #1's salt restriction and all other elements of his special diet and meal protocol...7-22-11** **2. The QIDP will insure that the home provides enough lunch food for a second portion.....7-18-11** **The QIDP will observe the meals of client #2 for texture and to insure that the second portions are offered during her routine monthly visits.....7-22-11**	

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W 474	Continued From page 16 The findings include: [See W120] The day program failed to provide meals in the form and texture as prescribed for Client #1 and Client #3.	W 474	The QIDP will revisit the day program to insure that the staff has been trained on the specific elements of each individual's special diet. The QIDP will review the documentation record to insure that the special diets of client #1, #2 and #3 were addressed, that meal protocols were reviewed and that texture considerations were properly addressed.....7-22-11 The QIDP will document her findings in the QIDP notes and will report any concerns found to the DDS Service Coordinator so that coordinated follow up can be done in a timely manner.....7-22-11 The QIDP will observe lunch meals at the day program at minimum once monthly to insure that special diet mandates and all elements of the meal protocols are being consistentiy implemented.....8-1-11 The QIDP and RN will insure that the day program receives current physician's orders, any changes suggested in the diets, any modifications made on meal protocols, new menus, updated nutrition assessments and any other information relevant to the special diet needs of clients #1, #2 and #3 in a timely manner so that such changes are implemented by both the home and day program in the time frames prescribed.....8-1-11	

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W 460	Continued From page 15	W 460		

1. [See W120]
Observation on 6/23/2011 at 12:06 p.m. revealed, Client #1 ' s was served a TV Dinner which was listed to have 1060mg of Sodium per serving. Review of Client #1 ' s 6/2011 Physician ' s Orders confirmed the facility should " avoid salt in diet " to ensure his health and safety. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed, high sodium foods should not be served to Client #1 as prescribed by his PCP.

2. [See W120]
Observation on 6/23/2011 at 12:08 p.m. revealed, Client #2 ' s was not provided a double portion for lunch at his day program. Review of Client #2 ' s 6/2011 Physician ' s Orders confirmed he ' s prescribed to receive double portions to ensure his health and weight. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed Client #2 should have been provided a double portion as prescribed by his PCP.

W 474 483.480(b)(2)(iii) MEAL SERVICES

Food must be served in a form consistent with the developmental level of the client.

This STANDARD is not met as evidenced by:
Based on observation, staff interview and record review, the facility failed to ensure clients received their meals in the form and texture prescribed to meet their needs, for two of three sampled clients. [Clients #1 and #3]

W474

The QIDP met with the day program of Clients #1, #2 and #3 to discuss the verbal feedback provided concerning the failure to adhere to the prescribed diets and meal protocols. The QIDP confirmed during this visit by visual inspection that the program had all needed adaptive equipment for each person (except the plate lifter), current physician's orders and the meal protocols for each person.....7-11-11

W 474

The day program currently does not have a contract with its meal vendor Nutrition Inc. BRA is supplying the lunches daily. The nutritionist has provided BRA with appropriate lunch menus for each person that are specific to each person's dietary needs and restrictions. BRA will insure that all lunches sent to the program match the menus provided by the nutritionist.....7-18-11

Health Regulation & Licensing Administration

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I 000	I 000 INITIAL COMMENTS A re-licensure survey was conducted from 6/21/2011 through 6/23/2011. A random sampling of three residents was selected from a residential population of six males with varying degrees of disabilities. The findings of the survey were based on observations and interviews in the home and at one day program, as well as a review of the resident and administrative records, including the incident reports.	I 000		
I 183	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 observation, staff interview and record review, the facility ' s Qualified Intellectual Disability Professional (QIDP) failed to ensure the coordination of services to promote the health and safety of three of three sampled residents. [Residents #1, #2 and #3] The findings include: 1. The QMRP failed to ensure Resident #1, #2 and #3 ' s day program effectively implemented the mealtime feeding protocols and nutritional requirements as prescribed. [See Federal Deficiency Citation W120] 2. The QMRP failed to ensure all staff was competent in implementing residents' mealtime feeding protocols and nutritional requirements, for threee of the three sampled residents. [See	I 183	3508.4 1. The QIDP will ensure that that the day program effectively implements the mealtime feeding protocols for each individual and nutritional requirement as prescribed. (see W120).....07-18-11 2. The QIDP will ensure that staff are competent to implement residents mealtime protocol and nutritional requirements as(see W249).....07/22/11 3. The PT will provide and implementation protocol and train staff on implementation (Stretching program for client #1) by 30-11. in the future the physical therapist will provide the necessary toois and proper training for all physical therapy programs.....7-30-11 The pillows need for client #1's ROM will be purchased by 07/22/11. As recommended.....7-22-11 The PT will provide an implementation protocol and train staff on its elements by 7-30-11. In the future training will occur immediately so the program can be implemented appropriately by staff.....07-30-11	

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I 183	Continued From page 1 Federal Deficiency Citation W194] 3. The QMRP failed to implement physical therapy programs to ensure the health and well-being of one of three sampled residents. [See Federal Deficiency Citation W249] 4. The QMRP failed to ensure residents received their prescribed adaptive equipment during meals and pillows when seated for one of two sampled residents. [See Federal Deficiency Citation W436] 5. The QMRP failed to ensure residents received their meals in the manner prescribed to meet their needs, for two of three sampled residents. [See Federal Deficiency Citation W460] 6. The QMRP failed to ensure residents received their meals in the form and texture prescribed to meet their needs, for two of three sampled residents. [See Federal Deficiency Citation W474] 7. Observation beginning on 6/21/2011 at approximately 4:05 p.m. revealed Resident #1 required physical assistance when ambulating. Review of his 05/02/2011 Physical Therapy (PT) Assessment on June 23 at 2:42pm revealed a recommendation that the facility should "Put his bed on the wall to enter the room. " Observation and interview with the Facility Incident Management Coordinator (FIMC) and Special Projects Assistant (SPA) on 6/23/2011 at 5:31 p.m. confirmed the PT ' s recommendation was put in place to ensure Resident #1 ' s health and safety. The FIMC and the SPA further confirmed the bed was not near the entrance of the room as recommended, but was along the	I 183	4. The PT will provide and implementation protocol and train staff on implementation (Stretching program for client #1) by 30-11. In the future the physical therapist will provide the necessary tools and proper training for all physical therapy programs.....7-30-11 The pillows need for client #1's ROM will be purchased by 07/22/11. As recommended.....7-22-11 The PT will provide an implementation protocol and train staff on its elements by 7-30-11. In the future training will occur immediately so the program can be implemented appropriately by staff.....07-30-11 The QIDP will systematically track clinical recommendations during monthly medical records audits to insure that all are implemented in a timely manner; the RN will also audit monthly for clinical recommendations and will track follow up.....8-1-11 5. The QIDP will insure that the day program staff is trained on Client #1's salt restriction and all other elements of his special diet and meal protocol...7-22-11 . The QIDP will insure that the home provides enough lunch food for a second portion.....7-18-11 The QIDP will observe the meals of client #2 for texture and to insure that the second portions are offered during her routine monthly visits.....7-22-11 The QIDP will systematicaily track clinical recommendations during monthly medical records audits to insure that all are implemented in a timely manner; the RN will also audit monthly for clinical recommendations and will track follow up.....8-1-11 6. The QIDP met with the day program of Clients #1, #2 and #3 to discuss the verbal feedback provided concerning the failure to adhere to the prescribed diets and meal protocols. The QIDP confirmed during this visit by visual inspection that the program had all needed adaptive equipment for each person (except the plate lifter), current physician's orders and the meal protocols for each person.....7-11-11	

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I 183	Continued From page 2 back wall near the window. The facility ' s Qualified Intellectual Disability Professional (QIDP) failed to ensure the PT ' s recommendation was implemented to ensure the resident ' s health and safety.	I 183	7. Client #1's bed has been moved to the wall near the bedroom entrance as per the PT's recommendation. In the future the QIDP will ensure that all physical therapy recommendations are implemented as requested in the individuals physical therapy assessment.....7-14-11 In the future, the QIDP will also ensure that clinical recommendations are addressed in a timely manner by reviewing the medical records for each individual supported, monthly and auditing follow up on all recommendations accepted.....8-1-11	
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. This Statute is not met as evidenced by: Based on record review and staff interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure two of twenty-four staff secured an annual health inventory as required by this section. [Staffs #18 and #24] The finding includes: Record review and interview with the facility ' s Facility Incident Management Coordinator (FIMC) and Special Projects Assistant (SPA) on 6/23/2011 at approximately 5:10 p.m. revealed two out of twenty-four staff did not have a current health inventory on file.	I 206	The day program currently does not have a contract with its meal vendor Nutrition Inc. BRA is supplying the lunches daily. The nutritionist has provided BRA with appropriate lunch menus for each person that are specific to each person's dietary needs and restrictions. BRA will insure that all lunches sent to the program match the menus 3509.6 The two staff members cited have been informed that they must provide current health certificates by...7-24-11 BRA conduct personnel file audits quarterly to insure staff is proactively notified of upcoming considerations...8-1-11 Staff that fails to follow up is subject to appropriate sanctions...8-1-11	
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be	I 229		

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I 229	Continued From page 3	I 229		

limited to, the following:

(f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;

This Statute is not met as evidenced by:
Based on observation, staff interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure staff was effectively trained to implement a resident ' s food texture and nutritional requirements for three of three sampled residents. [Residents #1, #2 and #3]

The finding includes:

1. [See Federal Deficiency Citation W120] Observation on 6/23/2011 at 12:05 p.m. revealed, Resident #1 ' s sliced turkey was not served in bite sized portions as prescribed. Review of Resident #1 ' s 6/2011 Physician ' s Orders confirmed his meals should be served in " bite sized portions. " Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed, all Resident #1 ' s meals should be served bite sized as prescribed on his physician ' s orders.

2. [See Federal Deficiency Citation W120] Observation on 6/23/2011 at 12:30 p.m. revealed, Resident #3 ' s sliced liquids were not served at " honey thickened " consistency as prescribed. Review of Resident #3 ' s 6/2011 Physician ' s Orders confirmed his liquids are prescribed to be served at a " honey thick " consistency. Interview with the facility ' s Director of Nursing

3510.5(f)
1. The QIDP will ensure that the appropriate texture is being followed at the day program. The QIDP will monitor the day program at least monthly and report any concerns to the Service Coordinator.....07-22-11

2. The QIDP will ensure that staff are trined at the day program on the consistency of the use of honey thickened liquids and ensure that this monitored at least monthly at the day program.....07-22-11

3. The QIDP will ensure that the appropriate diets recommended by the Nutritionist are followed at the day program and implemented as prescribed. The QIDP will monitor at least monthly (see W120).....07-22-11

4. The QIDP will ensure that all specified recommendation outlined on the Nutritional Assessment are followed accordingly at the day program and monitored monthly and all concerns reported to the Service Coordinator for follow-up (see W120).....07-22-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0023	A. BUILDING _____ B. WING _____	06/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	1034 BURNS ST., 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) COMPLETE DATE
I 229	Continued From page 4 (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed, all Resident #1 ' s liquids are prescribed to be served at a " honey thick " consistency. 3. [See Federal Deficiency Citation W120] Observation on 6/23/2011 at 12:06 p.m. revealed, Resident #1 ' s was served a TV Dinner which was listed to have 1060mg of Sodium per serving. Review of Resident #1 ' s 6/2011 Physician ' s Orders confirmed the facility should " avoid salt in diet " to ensure his health and safety. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed, high sodium foods should not be served to Resident #1 as prescribed by his PCP. 4. [See Federal Deficiency Citation W120] Observation on 6/23/2011 at 12:08 p.m. revealed, Resident #2 ' s was not provided a double portion for lunch at his day program. Review of Resident #2 ' s 6/2011 Physician ' s Orders confirmed he ' s prescribed to receive double portions to ensure his health and weight. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed Resident #2 should have been provided a double portion as prescribed by his PCP.	I 229		
I 430	3521.7(a) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (a) Eating and drinking (including table manners, use of adaptive equipment, and use of appropriate utensils);	I 430		

(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 430	Continued From page 5 This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure residents received their prescribed adaptive equipment during meals for two of three sampled residents. [Residents #1 and #3] The findings include: 1. [See Federal Deficiency Citation W120] Observation on 6/23/2011 at 12:06 p.m. revealed, Resident #1 ' s was not provided an elevated tray during his lunch at his dsy program. Review of Resident #1 ' s 6/2010 Mealtime Protocol confirmed he should be provided a " plate lifter " during meals. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on 6/23/2011 confirmed Resident #1 was prescribed to receive a plate lifter during meals. 2. Observation beginning on 6/21/2011 at approximately 4:05 p.m. revealed Resident #1 required physical assistance when ambulating. Review of his 05/02/2011 Physical Therapy (PT) Assessment on June 23 at approximately 2:44 p.m. revealed the PT recommendation that the facility should "Purchase a gait belt with handles. " Interview with the Facility Incident Management Coordinator (FIMC) and Special Projects Assistant (SPA) on 6/23/2011 at approximately 5:36 p.m. confirmed the gait belt was still not available for use and had yet to be purchased as of the date of survey. The FIMC indicated she would meet with the facility ' s Qualified Intellectual Disability Professional (QIDP) to	I 430	3521.7(a) 1. The QIDP will ensrue that a n appropriate gait belt is ordered and staff are trained on the use of the gait belt. In the future the QIDP will review all assessments to ensure that the proper adaptive equipment has been ordered and staff trained in a timely manner.....08-15-11 2. The QIDP will ensure that the gait belt with handles was ordered and the staff will be trained by the physical therapist on the use of the gait belt. In the future the QIDP will ensure that all adaptive equipment recommended in any assessment is ordered and staff trained immediately.....08-15-11	

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I 430	Continued From page 6 ensure the PT ' s recommendation would be implemented. 3. Observation beginning on 6/21/2011 at approximately 4:06 p.m. revealed Resident #1 would be seated in a recliner near the entrance (front door) of the facility. Resident #1 was observed being seated to the dining room table and being reseated back in the recliner on at least three occasions during the evening. The first was during snack, the second was after taking part in table top activities and then again after dinner. Review of his 05/02/2011 Physical Therapy (PT) Assessment on 6/23/2011 at 2:42 p.m. revealed the PT recommended that he "Position a pillow the long way while seated in the chair." Resident #1 was not afforded a pillow while he was seated in any chair at the home or at the day program as recommended during the course of the survey. Interview with the Facility Incident Management Coordinator (FIMC) and Special Projects Assistant (SPA) on 6/23/2011 at approximately 5:38 p.m. confirmed the PT ' s recommendation to use the pillow while seated was not being implemented. 4. [See Federal Deficiency Citation W120] Observation on 6/23/2011 at 12:31 p.m. revealed, Resident #3 was not provided a plate guard during his lunch at his day program. Review of Resident #3 ' s 11/30/2010 Nutritional assessment revealed a plate guard was identified as being one of the adaptive equipment he should have received during meals. Interview with the facility ' s Director of Nursing (DON) and Incident Management Coordinator (IMC) on	I 430	3. The QIDP will ensure that the recommendation for a long pillow by the physical therapist be implemented by staff. Staff will be trained by the physical therapist on all recommendation to include the use of the pillow in his chair.....07-22-11 4. The QIDP will ensure that the plate guard is properly used at the day program. The QIDP will monitor the use of all adaptive equipment used at the day program during her monthly monitoring visit.....07-22-11	

Health Regulation & Licensing Administration

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I 430	Continued From page 7 6/23/2011 confirmed a plate guard was one of Resident #3 ' s mealtime adaptive equipment.	I 430		