

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2009
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NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7425 8TH STREET NW WASHINGTON, DC 20012
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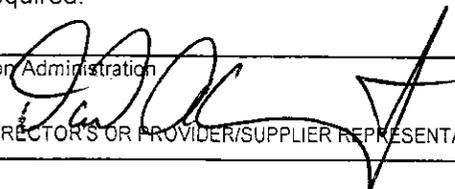
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I 000	INITIAL COMMENTS A licensure survey was conducted on May 13, 2009 through May 14, 2009. A random sample of three residents was selected from a resident population of five males with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.	I 000		
I 134	3505.4(e) FIRE SAFETY Each GHMRP shall have on the premises the following items: (e) Fire extinguishers, which are properly maintained and located as required by the Fire Chief, including at least one (1) all-purpose fire extinguisher, which is a minimum 2A 10BC on each level of the facility. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to properly maintain two(2) of the two (2) fire extinguishers in the facility. The finding includes: On May 13, 2009 an inspection of the GHMRP's fire extinguishers was completed. Observation of the extinguisher tags revealed last serviced date was in January 2008. The House Manager (HM) verified that this was an over-site and ensured they would be serviced on May 14, 2009 as required.	I 134	I 134	5/14/09

6/23/09
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

The administration acknowledged the need for the facility fire extinguishes to be service yearly. The two fire extinguishes were serviced on 5/14/09. The QMRP, HM and the quality assurance director will ensure that the facility fire extinguishes are periodically maintained as required. The QMRP and the quality assurance director will henceforth be conducting inspection of the home fire extinguishes every six months to ensure compliance as necessary.

Health Regulation Administration

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

STATE FORM 8899 E02611 If continuation sheet 1 of 7

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I 229	Continued From page 1	I 229		
I 229	3510.5(f) STAFF TRAINING	I 229		
	<p>Each training program shall include, but not be limited to, the following:</p> <p>(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;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff was trained for total communications for one of the three residents (Resident #1) included in the sample.</p> <p>The finding includes:</p> <p>Review of Resident #1's habilitation record on May 14, 2009 revealed a speech assessment dated March 28, 2009. According to the assessment, the resident's language usage was profoundly impaired across all parameters of development. Further review of the assessment revealed that Resident #1's expressive and receptive communication skills range from 03 years to 0 months to 03 years to 01 month respectively.</p> <p>The speech therapist recommended an in-service training for the staff and Resident #1. The training was to address maintaining the resident's communication skills, to address any identified communication issues and to provide intervention should the need arise.</p> <p>At the time of the survey, interview with the Qualified Mental Retardation Professional (QMRP) and review of the training records failed</p>		<p>I 229</p> <p>The administration acknowledges the importance of improving receptive communication skills around #1 through an ongoing training. The facility failed to provide recommended training for all staff that works with #1. In service training have been scheduled for 6/24/09 for all staff and #1 respectively. The QMRP will ensure that recommendations around #1 will be strictly adhered to in the future. The quality assurance director will be conducting quarterly review of records to ensure full compliance as necessary.</p>	6/24/09

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I 229 Continued From page 2
to evidence that the recommended training had been conducted.

I 229

I 407 3520.9 PROFESSION SERVICES: GENERAL PROVISIONS

I 407

I 407

6/25/09

Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter.

This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Mentally Retarded Persons' (GHMRP) failed to provide evidence of a written quarterly report for one of the three residents (Resident #1) included in the sample:

The finding includes:

Interview with the Qualified Mental Retardation Professional (QMRP) and review of Resident #1's record on May 14, 2009, at approximately 10:07 AM revealed he had a Individual Support Plan (ISP) meeting on March 10, 2009. Continued interview with the QMRP revealed that the resident received medicaid waiver services. According to the QMRP, Resident #1 had received pre-authorization for occupational therapy (OT) services. Review of the pre-authorization record revealed that the resident was approved to receive an initial occupational therapy assessment and services for February 1, 2008 through January 31, 2009.

Review of Resident #1's habilitation record on May 14, 2009, at 10:21 AM revealed a occupational assessment dated March 28, 2008. Further review of the assessment revealed the therapist recommended two program objectives,

The administration acknowledges #1 rights to recommended services (Occupational Therapy program). The administration will ensure that all #1 programs are monitor quarterly and as needed. The QMRP has scheduled a meeting with the Occupational Therapist to enable proper review of #1 programs on 6/25/09. The QMRP and the quality assurance director will henceforth be conducting quarterly review of records to ensure full compliance.

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I 407 Continued From page 3

and that he would monitor the status of the programs on a quarterly basis. The objectives recommended was for the resident to independently apply lotion and apply deodorant after bathing 100% of the trials recorded per month.

Although an interview with the QMRP revealed Resident #1 was able to apply lotion and deodorant when verbally prompted, at the time of the survey, there was no documented evidence that the occupational therapist provided written reports at least on a quarterly basis for Resident #1.

I 407

I 436 3521.7(f) HABILITATION AND TRAINING

The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:

(f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);

This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of its residents was implemented as recommended for one of the three residents (Resident #3) included in the sample.

The finding includes:

Observation on May 13, 2009, beginning at 4:21 PM revealed Resident #3 had arrived home. At 5:00 PM, the resident was observed sitting in his bedroom talking to one of the direct care staff.

I 436

I 436

6/19/09

The GHMRP has failed to ensure that the recommendations by the Physical Therapist were implemented for # 3, therefore the QMRP of the facility has purchased a footstool on 6/19/09 for resident #3. Additionally staffs were retrained on adherence to the Physical Therapist recommendations for resident #3 elevation of lower extremities if sitting for longer than fifteen minutes.

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I 436	<p>Continued From page 4</p> <p>Further observation revealed the resident was blind and sitting on the edge of the bed. The surveyor introduced herself to the resident and was allowed to enter his bedroom. It should be noted that Resident #3 had been sitting in his bedroom since 4:21 PM, while his housemates sat in the dinning room eating a snack. According to the staff, Resident #3 was not interested in having a snack.</p> <p>Interview with one of the facility's direct care staff on May 14, 2009, at 5:52 PM revealed Resident #3's legs are elevated at bed time.</p> <p>Review of the resident's habilitation record at 5:54 PM on the aforementioned date revealed a physical therapy assessment dated March 19, 2009. According to the assessment, a recommendation was made to elevate the resident's lower extremities if sitting greater than fifteen minutes. Another recommendation was made to consider staff training annually for fall prevention and guidance secondary to his blindness.</p> <p>Review of the facility's training records on May 14, 2009, revealed staff training was provided on November 18, 2008, however at the time of the survey, it was evident that more staff training was needed to ensure Resident #3's lower extremities were elevated as recommended.</p>	I 436		
I 500	3523.1 RESIDENT'S RIGHTS	I 500		
	<p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.</p>			

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I 500. Continued From page 5

This Statute is not met as evidenced by:
Based on interview and record review, the facility's specially-constituted committee failed to ensure that restrictive programs were used only after written consents had been obtained, for one of the two clients (Resident #1) included in the sample.

The finding includes:

The facility failed to ensure that written informed consent was obtained from Resident #1 or legal guardian prior to the administration of sedation on June 11, 2008.

Interview with the Qualified Mental Retardation Professional (QMRP) on May 13, 2009, during the entrance conference revealed Resident #1 was prescribed psychotropic medications in conjunction with a Behavior Support Plan to manage his behaviors.

Review of the resident's medical record on May 1, 2009, at approximately 9:00 AM revealed a physician's order dated June 11, 2008. According to the aforementioned order, Resident #1 was prescribed Lorazepam 4 mg to be administered one hour before an MRI would be conducted. Interview with the Licensed Practical Nurse (LPN) on May 13, 2009, and further review of the record verified that the resident did receive the Lorazepam one hour before the MRI study was completed.

The QMRP and review of the habilitation record verified that Resident #1 was not capable of giving informed consent for the use of medications and habilitation services. The QMRP further revealed the resident had family (brother)

I 500

I 500

6/12/09

The facility has recognized that written consent was not obtained for resident #1 prior to restrictive program being implemented, Therefore the Quality assurance director will provide monthly oversight on facility to ensure that QMRP and constituted committee is in compliance for obtaining written consent for each resident to include #1 prior to the use of sedation.

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I 500	Continued From page 6 to assist him in decision making. At the time of the survey, there was no evidence that the facility's specially constituted committee ensured that written informed consent had been obtained from Resident #1's brother prior to the use of sedation.	I 500	