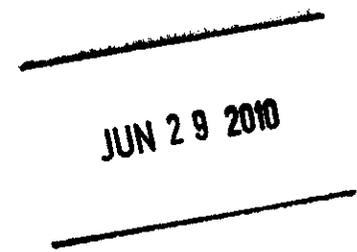
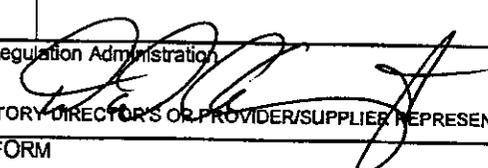


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| NAME OF PROVIDER OR SUPPLIER INNOVATIVE LIFE SOLUTIONS, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 7425 8TH STREET NW WASHINGTON, DC 20012 |
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| 1 000 | <p>INITIAL COMMENTS</p> <p>A licensure survey was conducted on May 21, 2009 and May 24, 2009. A random sample of two residents was selected from a resident population of four males with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the residents and direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.</p> | 1 000 |  | |
| 1 096 | <p>3504.7 HOUSEKEEPING</p> <p>No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that caustic agents were not stored in the food preparation and serviced area, for four of the four residents residing in the facility. (Residents #1, #2, #3 and #4)</p> <p>The finding includes:</p> <p>During the environmental inspection on May 24, 2010, at 11:25 a.m., caustic agents (bathroom cleaner and floor wax) were observed stored in a food preparation area in a cabinet underneath the kitchen. Interview with the Residential Coordinator, during the inspection revealed that the facility has a locked cabinet located in the basement and staff should keep all caustic agents locked in it.</p> | 1 096 | <p>I 096</p> <p>ILS will conduct training for all direct care staff of Proper storage of cleaning materials and agents and infection control on 5/25/10</p> | |

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| Health Regulation Administration  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE EXECUTIVE DIRECTOR | (X6) DATE 6/18/10 |
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| I 135 I 135 | <p>Continued From page 1</p> <p>3505.5 FIRE SAFETY</p> <p>Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to conduct simulated fire drills in order to test the effectiveness of the plan at least four times a year for each shift, for four of four residents residing in the GHMRP. (Residents #1, #2, #3 and #4)</p> <p>The finding includes:</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and review of the staffing pattern on May 24, 2010, at 12:15 p.m., revealed the following staffing pattern:</p> <p>7:00 a.m., - 3:00 p.m.; 3:00 p.m., -11:00 p.m.; and 11:00 p.m. - 7:00 a.m.</p> <p>Review of the fire drill logs on May 24, 2010, at 12:30 p.m., revealed that the 11:00 p.m., - 7:00 a.m., failed to hold evacuation drills per shift per quarter.</p> <p>Interview with the QMRP, after review of the fire drill logs confirmed that the 11:00 p.m., 7:00 a.m., did not hold evacuation drill on the aforementioned shift. There was no evidence that the facility held fire drills at least quarterly for each shift of personnel.</p> | I 135 I 135 | <p>I135</p> <p>ILS currently has policies in place to conduct fire drill and evacuations per GHRP regulations. ILS will conduct additional staff training on the previously mentioned items on 5/25/10.</p> | |

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| I 184 | Continued From page 2 | I 184 | | |
| I 184 | <p>3508.5(a) ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall have an organization chart that shows the following:</p> <p>(a) All major components of the administering agency or the roles of individuals when the licensee is not an agency;</p> <p>This Statute is not met as evidenced by: Based on interview and review, the Group Home for Mentally Retarded Persons (GHMRP) failed to provide an organizational chart reflecting the changes in the components of the agency's staffing structure.</p> <p>The finding includes:</p> <p>Review of the agency's policy and procedure manual on May 21, 2010, at approximately 2:00 p.m., failed to evidence an organization chart reflecting the changes in the components of the agency's staffing structure and lines of authority. Further review of the organizational chart failed to evidence that the position of Incident Management and Quality Assurance was added.</p> <p>Interview with Registered Nurse (RN) and Qualified Mental Retardation Professional (QMRP) on May 21, 2010, at approximately 2:30 p.m., acknowledged that the organizational chart to needed to be updated to reflect the most recent changes.</p> | I 184 | <p>I184</p> <p>ILS has a current organizational chart that reflexes the chain of command of the organization. ILS will ensure that current organizational cart is maintained in the policy and procedure manual at every location and is readily available on 6/15/10.</p> | |
| I 206 | <p>3509.6 PERSONNEL POLICIES</p> <p>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</p> | I 206 | | |

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| I 206 | Continued From page 3 would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure each staff and consultant had a current health certificate, for three of the twelve direct care staff (Staff #2, #4, and #5), one of the three nurses (Nurse #1), and three of the ten consultants (primary care physician, psychologist, and nutritionist). The finding includes: Interview with the qualified mental retardation professional (QMRP) and review of the personnel records on May 21, 2010, beginning at 2:30 p.m., revealed the GHMRP failed to provide evidence that current health certificates were on file for three of the twelve direct care staff (Staff #2, #4, and #5) and one of three nurses (Nurse #1) and three of the ten consultants (primary care physician, psychologist, and nutritionist). | I 206 | I206 ILS has clear polices on maintain employee records. I will continue to implement these and hold individuals responsible for implementation of these policies accountable. ILS will further ensure that these records are readily available upon request on 6/15/10. | |
| I 227 | 3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans; This Statute is not met as evidenced by: | I 227 | | |

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| I 227 | <p>Continued From page 4</p> <p>Based on record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to have on file for review, current training in cardiopulmonary resuscitation (CPR), for five of the twelve staff (Staff #1, #2, #3, #6 and #7), and current training in first aid, for five of the twelve staff (Staff #1, #2, #3, #6 and #7)</p> <p>The finding includes:</p> <p>Review of the personnel and training records on May 21, 2010, beginning at 2:30 p.m., revealed the GHMRP failed to provide documentation of staff training in CPR, for five of the twelve staff (Staff #1, #2, #3, #6 and #7) and training in first aid, for five of the twelve staff (Staff #1, #2, #3, #6 and #7).</p> | I 227 | <p>I227</p> <p>ILS has ensured that all First aid and CPR credentials for staff are available for review as well as ensured that all staff that do not have current credentials have been scheduled for training 5/25/10.</p> | |
| I 401 | <p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.</p> <p>This Statute is not met as evidenced by: Based on staff interview, and record review, the facility's nursing services failed to ensure timely medical follow-ups as recommended by the primary care physician, for two of two residents in the sample. (Residents #1 and #2)</p> <p>The findings include:</p> <p>1. Review of Resident #1's medical record on May 21, 2010, at approximately 10:00 a.m., revealed that the resident had a diagnosis of mild</p> | I 401 | | |

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| I 401 | <p>Continued From page 5</p> <p>to moderate hearing loss. Review of Resident #1's audiology consult dated June 28, 2009, revealed a recommendation for a hearing aid evaluation to access potential benefit from amplification. Further review of the resident's medical records revealed no hearing aid evaluation or a scheduled appointment.</p> <p>Interview with the RN on May 21, 2010, at approximately 2:00 p.m., confirmed the aforementioned findings. However, she indicated that she would schedule an hearing aid evaluation.</p> <p>2. Review of Resident #2's medical record on May 21, 2010, at approximately 4:00 p.m., revealed the resident has a diagnosis of bilateral mild cataracts and bilateral retinal epithelial pigment. Review of Resident #2's ophthalmology consult dated March 16, 2009, on May 24, 2010, at approximately 9:10 a.m., revealed a recommendation for the resident to have follow-up appointment in one year. Further review of the resident's medical records revealed no ophthalmology follow-up appointment in the medical record or a scheduled appointment.</p> <p>During a face to face interview with the qualified mental retardation professional on May 24, 2010, at approximately 10:30 a.m., it was revealed that an appointment has not been scheduled.</p> <p>3. Review of Resident #2's medical record on May 21, 2010, at approximately 4:00 p.m., revealed the resident has a diagnosis of hypertension. Further review of the resident's current physician orders dated May 2010, revealed an order for an annual electrocardiogram (EKG). According to the</p> | I 401 | <p>I401</p> <p>ILS will provide training to management staffs on 6/15/10 on proper and timely follow up to medical recommendations and appointments. additionally as of 5/28/10 ILS has hired additional nursing staff to ensure compliance.</p> | |

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| I 401 | Continued From page 6 medical record, the last EKG was completed on February 26, 2009. Interview with the registered nurse (RN) on May 24, 2010, at approximately 11:30 a.m., confirmed the aforementioned findings. She further indicated that she would schedule an EKG. | I 401 | | |
| I 420 | 3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to provide habilitation and training to its residents that would enable them to acquire and maintain life skills needed to cope with their environments and achieve optimum levels of physical, mental and social functioning, for one of the two residents included in the sample. (Resident #1) The finding includes: Review of the Resident #1's Occupational Therapy assessment dated March 8, 2010, on May 21, 2010, at approximately 12:10 p.m., revealed program recommendations for the resident to participate in range of motion (ROM) exercises (shoulder and neck). Interview with the Qualified Mental Retardation Professional on May 21, 2010, at 1:10 p.m., indicated that the interdisciplinary team approved | I 420 | I420 ILS will ensure that all individual and staff are trained on all active treatment goals, program implementation, and documentation. on 5/25/10. | |

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| 1420 | Continued From page 7 the program recommendation for the client to participate in the ROM exercises. Review of the individual program plan (IPP) dated March 18, 2010, on May 21, 2010, at 1:30 a.m., revealed no evidence of a training program to address the ROM recommendations. | 1420 | | |
| 1422 | 3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to provide habilitation training and assistance to residents in accordance with the resident's individual Habilitation Plan (IHP), for one of the two residents included in the sample. (Residents #1 and #2) The findings include: 1. Interview with the qualified mental retardation professional (QMRP) on May 21, 2010, at 8:40 a.m., revealed that Resident #1 had his annual IHP meeting on March 18, 2010. Further interview revealed that the resident had two new programs (bowling and attending church). Review of Resident #1's IPP on May 21, 2010, at approximately 11:30 a.m., revealed no documentation on either program. There was no documented evidence that the QMRP developed or implemented the new IPP's. 2. Review of Resident #1's individual program plan (IPP) dated March 13, 2010, on May 21, 2010, at approximately 10:30 a.m., revealed a | 1422 | 1422 ILS will provide training for management on implementation of ISP and IPP goal for individuals on 6/15/10 | |

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| I 422 | Continued From page 8 program goal that stated, "Given verbal prompts, [the resident] will apply deodorant after bathing in the morning on 60% of the trials for 12 consecutive months." Review of the Resident #1's data collection book on May 21, 2010, at 2:00 p.m., reflected no program documentation for the months of April 2010, May 2010. In an interview with the QMRP on the same date, at 2:10 p.m., she acknowledged that the program has not been implemented, "yet" 3. Further review of Resident #1's individual program plan (IPP) dated March 13, 2010, on May 21, 2010, at approximately 10:30 a.m., revealed a program goal that stated, "Given verbal prompts, [the resident] will lotion his body after bathing in the evening on 60% of the trials for 12 consecutive months." Review of the Resident #1's data collection book on May 21, 2010, at 2:00 p.m., reflected no program documentation for the months of April 2010, May 2010. In an interview with the QMRP on the same date, at 2:10 p.m., she acknowledged that the program has not been implemented, "yet." | I 422 | See I420 | |
| I 424 | 3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: | I 424 | | |

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| I 424 | Continued From page 9 Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP's) qualified mental retardation professional (QMRP) failed to revise the Individual Program Plan (IPP) once the resident had successfully completed an objective identified in the IPP, for one of the two residents included in the sample. (Resident #2) The finding includes: Review of Resident #2's IPP dated March 10, 2009 on May 24, 2010, at 10:25 a.m., revealed program objectives which required the resident to state his address, state his phone number, purchase an item from the store and identify community workers. Review of the QMRP monthly notes from December 2009 through March 2010, revealed the resident required verbal prompts or was independent 100% of the trials recorded. Interview with the QMRP on May 24, 2010, at approximately 1:00 p.m., confirmed that the resident met the established criteria and she was in the process of revising his IPP. There was no evidence that the QMRP revised the programs. | I 424 | 1424 See 1420 and 1420 | |
| 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); | I 436 | | |

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| I 436 | <p>Continued From page 10</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to implement an effective system to ensure that each resident participated in a self-medication training program, for two of the two residents in the sample. (Residents #1 and #2)</p> <p>The findings include:</p> <ol style="list-style-type: none"> Interview with the registered nurse (RN), qualified mental retardation professional (QMRP) and house manager (HM) on May 21, 2010, at approximately 10:30 a.m., revealed that Resident #1 does not participate in a self medication program. Review of the resident's self medication assessment dated March 7, 2008, on May 21, 2010, at approximately 12:00 p.m., indicated that the resident was recommended to participate in a self medication program. Review of Resident #1's Individual Program Plan (IPP) dated March 18, 2010, on May 21, 2010, at approximately 12:20 p.m., revealed no program goal or objective was developed or implemented for the resident to receive training in self-medication skills development. Interview with the RN, QMRP and HM on May 24, 2010, at approximately 11:30 a.m., revealed Resident #2 does not participate in a self medication program. Review of the resident's self medication assessment dated March 10, 2009, on May 24, 2010, at approximately 11:45 a.m., indicated that the resident was recommended to participate in a self medication program. | I 436 | <p>I436</p> <p>See I420 and I420</p> | |
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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 | | |
| (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 436 | Continued From page 11 Review of Resident #2's IPP dated March 10, 2010, on May 24, 2010, at approximately 12:10 p.m., revealed no program goal or objective was developed or implemented for the resident to receive or participate in training for self-medication skills development. | I 436 | | |
| I 484 | 3522.11 MEDICATIONS Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label. This Statute is not met as evidenced by: Based on observation and staff interview, the Group Home for Mentally Retarded Persons (GHMRP) nurse failed to remove from use, out dated medications or medications with missing labels, for three of four residents residing in the facility. (Residents #1, #2 and #4) The finding includes: During the environmental inspection on May 24, 2010, beginning at 11:25 a.m., the following medications were outdated or had no labels on them: - A bottle of Lactin lotion in Resident #1's personal hygiene kit had no label on it - A bottle of Selenium Sulfide lotion in Resident #1's personal hygiene had an expiration date of March 19, 2008; - Two tubes of Urea nail gel in Resident #1's personal hygiene had no labels on the bottle; - A bottle of Tolnaftate 1% powder in Resident | I 484 | 1484 ILS will provide training for nursing and management on proper and timely destruction of out dated medication and prescriptions on 6/15/10. | |

Health Regulation Administration

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| 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 05/24/2010 |
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| I 500 | <p>Continued From page 13</p> <p>The facility failed to provide evidence that informed consent was obtained from Client #2 and/or family member for sedation given during medical appointments as evidenced below:</p> <p>During the entrance conference on May 21, 2010, beginning at 8:40 a.m., qualified mental retardation professional (QMRP) indicated that Resident #2 had involved family members to assist the resident in making health care decisions.</p> <p>Review of Resident #2's medical records on May 21, 2010, at 3:00 p.m., revealed a telephone order for Ativan 2 mg, by mouth for an urology appointment scheduled for November 23, 2009. According to the medication administration record confirmed that the resident received 2 mg of Ativan on November 23, 2009.</p> <p>Review of Resident #2's Psychological Assessment dated March 7, 2010, on May 24, 2010, at 10:00 a.m., revealed that the resident was not competent to make decisions regarding his health, safety, financial or residential placement. Further review of the resident's record failed to provide evidence that written informed consent had been obtained for the use of the sedative medication.</p> <p>At the time of the survey, the facility failed to provide evidence that the potential risks involved in using this medication, or his right to refuse treatment had been explained to the resident and/or family member representative.</p> | I 500 | <p>I500</p> <p>ILS will provide training for nursing and management staff on obtaining timely consents to protect the rights of the individuals served by ILS on 6/15/10</p> | |
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