Health Regulation Administration

PRINTED. 03/03/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HFD12-0002		02/18/2009
NAME OF PROVIDER OR SUPPLIER: NATIONAL CHILDREN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 6809 9TH ST, 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 000	INITIAL COMMENTS	I 000		
	A licensure survey was conducted on February 18, 2009. A random sample of three residents was selected from a resident population of five men 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 090	3504.1 HOUSEKEEPING	I 090		
	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, odors			
	This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior of the facility in a safe, clean, orderly, and attractive manner.	I 090		
	The findings include:	I 000	1.) NCC will repair/ replace Residents #3 and #5's bedroom door.	4/1/2009
	On February 18, 2009, at approximately [redacted] observation of the environment and interview with the House Manager (HM) revealed the following deficiencies:		2.) NCC will repair/ replace the first floor bathroom mirror by attaching it to the medicine cabinet.	4/1/2009
	1. Residents #3 and #5's bedroom door was scratched and had peeling paint.			
	2. The first floor bathroom mirror was detached from the medicine cabinet.		3.) NCC will repair/ replace the Residents #1 and #2's door knob from there closet door.	4/1/2009
	3. Residents #1 and #2's door knob was missing from their closet door. [redacted]			

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

MAR 16 2009

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 3/13/09

STATE FORM WWXR11 If continuation sheet 1 of 4

[redacted]

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I 108	3504 15 HOUSEKEEPING	I 108		
	Each GHMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to his or her daily activities.			
	This Statute is not met as evidenced by: Based on observation and interview the facility failed to provide evidence that [illegible] provided with at least seven changes of appropriate clothing for one of three residents (Resident # 2) included in the sample.			
	The finding includes:			
	Observation on February 18, 2009, revealed Resident #2 wearing a shirt that was too large for him. Interview with the facility's nurse revealed that the client had lost some weight [illegible] of the survey. Resident #2 had at least seven changes of clothing, however, the clothing was observed to be too large.		I108 [illegible] will purchase appropriate clothing for Resident #2.	4/1/2009
I 206	3509 6 PERSONNEL POLICIES	I 206		
	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 [illegible] 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 GHMRP failed to ensure that each employee prior to employment and annually thereafter [illegible]			

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	HFD12-0002	A. BUILDING B. WING	02/18/2009

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I206	Continued From page 2 provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on February 18, 2009, and review of the GHMRP's personnel records at 2:08 PM revealed that the GHMRP failed to provide evidence that current health certificates were on file for seven direct care staff and two consultants.	I206	I206 All NCC staff and consultants who work with Aspen House (6809 9th street) individuals will submit Health Certificate to the Human Resource Department.	4/1/2009
I431	3521.7(b) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (b) Toileting (including use of equipment) This Statute is not met as evidenced by [illegible] Based on observation, interview and record review, the GHMRP failed to ensure residents were effectively trained in toileting skills, including privacy while using the restroom for one of the five residents (Resident #4) residing in the facility. The finding includes: Observation on February 18, 2009, at 6:57 PM revealed Resident #4 was [illegible] with the bathroom door open. [illegible] revealed that the client needed to be reminded to close the bathroom door when he used the restroom. There was no evidence that Resident #4 had received effective training to ensure his [illegible]		I206 [illegible] consultants NCC staff and individual will be trained on privacy while using the bathroom in the residential facility. Human Resource Dep.	4/1/2009

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I-431	Continued From page 3	I431		

privacy while using the bathroom.