

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/19/2010
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NAME OF PROVIDER OR SUPPLIER  NATIONAL CHILDREN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 GALLATIN ST, NE WASHINGTON, DC 20017
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1000 INITIAL COMMENTS

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On October 5, 2010, HRLA received a complaint from Resident #1's attorney alleging the following had not occurred as recommended:

Allegation #1-Speech services were recommended in 2008. Resident #1 was assessed, however no services have been provided since the initial assessment. Also Resident #1 is supposed to be using a low tech device but is not currently receiving service training.

X Conclusion: This allegation was substantiated.

Allegation #2-No nutrition services since 6/09/2009-Nutritionist is required to review residents nutritional status on a quarterly basis. There was no evidence found in residents record.

Conclusion: This allegation was not substantiated.

Allegation #3-Resident #1 was recommended for fitness training. No professional quarterly notes were found in the residents record to verify if services were being provided.

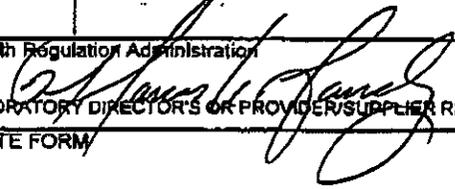
Conclusion: This allegation was not substantiated.

Allegation #4-Resident #1's Health Management Care Plan was not reviewed on a quarterly basis.

Conclusion: This allegation was not substantiated.

Allegation #5-Resident #1 was recommended for supportive employment. As of the date of complaint-resident had not been placed in employment.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 DEPARTMENT OF HEALTH  
 HEALTH REGULATION ADMINISTRATION,  
 825 NORTH CAPITOL ST., N.E., 2ND FLOOR  
 WASHINGTON, D.C. 20002  
 11-24-10

Health Regulation Administration  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE Director of Residential	(X6) DATE 11/23/10
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1 000	<p>Continued From page 1</p> <p>Conclusion: This allegation was partially substantiated.</p> <p>An on-site investigation was initiated on September 18, 2010. The findings of the investigation were based on interview and record reviews at the Group Home for Mentally Retarded Persons (GHMRP) as well as a review of clinical and administrative records. Based on the investigative findings, deficient practices were identified and cited.</p>	1 000		
1 437	<p>3521.7(g) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required);</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 enact and enforce the necessary measures to ensure one of one resident in the investigation received the necessary supports in the area of communication. (Resident #1)</p> <p>The finding includes:</p> <p>The facility failed to ensure that Resident #1 was provided the opportunity to improve her functional abilities in the area of communication as</p>	1 437		

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I 437	<p>Continued From page 2</p> <p>Indicated below:</p> <p>a. Record review on October 19, 2010, at approximately 12:30 p.m. revealed, that the GHMRP failed to follow an initial IHP assessment that was done on Resident #1 November 5, 2009 with an IHP goal/recommendation that 1-3 follow up sessions be done where she was to receive speech therapy. To date no follow up sessions have been done. According to interview with the House Manager (HM), a speech therapist that DDS had contracted with from Rehabilitation Services Inc, was requesting funds above what Medicaid provides. This according to the House Manager delayed the services Resident #1 was to receive with the Low Tech Device.</p> <p>b. There was no evidence on file that Resident #1, had received any training on the adaptive equipment (Low Tech Device) as recommended at the initial IHP assessment dated November 5, 2009. At that time it was recommended that the following goals were to be addressed:</p> <ol style="list-style-type: none"> <li>1. Resident #1 will use a low-tech AAC device (ie-communication notebook) to assist in providing personal information when asked in 7/10 trials.</li> <li>2. Resident #1 will use a low-tech AAC device (ie-communication notebook) to communicate her wants, thoughts, and immediate needs in 8/10 trials.</li> </ol> <p>These findings were confirmed by the House Manager (HM) at approximately 12:45 p.m. on October 19, 2010. It should be further noted that at the time of the investigation, the low tech device had not been acquired.</p>	I 437	Resident #1 will receive the recommended speech therapy follow up sessions, which have been arranged and will begin prior to January 17, 2010.	1/17/2011

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1 440	<p>3521.7(j) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(j) Employment and work adjustment;</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to implement the recommendation for placement in supportive employment as indicated in Individual Support Plan (ISP) for one of one resident included in the investigation. (Resident #1)</p> <p>The findings include:</p> <p>Review of Resident #1's March 23, 2010 ISP revealed a recommendation to secure employment. The review of resident #1's record on October 19, 2010 at approximately 3:00 p.m., revealed documented evidence that since April 2010, Resident #1 has been receiving pre-vocational training four times a week and on Fridays, supportive employment enhancement skills through the Employment Options Program through Rehabilitation Services Administration. The program consists of supports of a job coach, with emphasis on online job searches, practicing job adjustment skills, and community travel skills. The GHMRP however had not provided resident #1 with an employment opportunity. The House Manager contributed their failure to get employment for resident #1, on the fact she did not have a birth certificate or social security card on file.</p> <p>These findings were confirmed by the House Manager (HM) at approximately 3:45 on October</p>	1 440	<p>Resident #1 is a waiver funded individual. NCC supported resident #1 with obtaining a position of her choice within her community earning a competitive salary. NCC has obtained the Birth Certificate and Social Security Card and has forwarded it to Employment Options. The Residential Program continues to work with Supportive Employment to obtain a job placement for Resident #1</p>	1/17/2011

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