

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

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/09/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SYMBRAL FOUNDATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4422 20TH STREET, NE WASHINGTON, DC 20011</b>
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(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
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<p><b>W 000 INITIAL COMMENTS</b></p> <p>On May 21, 2010, the State Surveying Agency (SSA) was notified via facsimile that the License Practical Nurse (LPN) at this agency discovered on May 17, 2010 that Client #1's blister pack of her prescribed dosage of Phenobarbital medication was missing from the medication closet. The report further indicated that the missing dosages of medication was to had been administered to the client the previous evening by the medication nurse. Additionally, the LPN determined a total of 6 tablets were missing which would have ended the cycle for this medication.</p> <p>Due to the nature of the incident and information obtained from the administrative review, Health Regulation and Licensing Administration (HRLA) assigned an Investigator to investigate the circumstances surrounding Client #1's missing controlled substances/narcotic medication.</p> <p>An on-site investigation was initiated on June 1, 2010, to verify compliance with the Federal and Local regulatory requirements and standards.</p> <p>The findings of this investigation were based on interviews with the management and nursing staff, the Qualified Mental Retardation Professional (QMRP) and the facility's direct care staff. Also, findings were based on the review of the client's habilitation, medical records, and administrative records, including the facility's incident management reporting system.</p> <p>Based on the investigative report findings, it was substantiated that Client #1 medication was missing from the facility.</p>	<p><b>W 000:</b></p> <p>Symbtral's governing body has received deficiency report and has reviewed established Nursing protocols, and amendments as well as executing other interventions to ensure compliance to regulatory codes as per monitoring agencies.</p> <p><b>9/14/10 and ongoing</b></p> <p style="text-align: right;"><b>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</b></p> <p style="text-align: right; font-size: 2em;"><b>9.20.10</b></p> <p><b>W 104 483.410(a)(1) GOVERNING BODY</b></p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Phonda M. [Signature]</i>	TITLE	(X6) DATE <b>9/17/10</b>
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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 104 Continued From page 1

The governing body must exercise general policy, budget, and operating direction over the facility.

This STANDARD is not met as evidenced by: Based on interviews and record reviews, the governing body failed to exercised general policy and operating direction over the facility for one of the clients in the investigation. (Client #1)

1. The Governing body failed to ensure that its nurse implemented established policies for the accounting of each clients medication as evidenced below:

On May 21, 2010, the State Surveying Agency (SSA) was notified via facsimile that the License Practical Nurse (LPN) at this agency discovered on May 17, 2010, that Client #1's prescribed Phenobarbital blister pack of medication which contained six tablets, 60 mg each, were missing from the medication closet.

On June 1, 2010, at approximately 10:05 a.m., interview with the License Practical Nurse Coordinator (LPNC) revealed on the morning of May 17, 2010, during a review of the medications in the medication closet, revealed that Client #1's evening blister pack for Phenobarbital was missing. Further interview revealed that the nursing staff is responsible for implementing the agency's policy of safely securing each clients medication during and after administration. Reportedly, the LPNC searched everywhere (i.e. each individual medication box, searched the security black box, checked in the Medication Administration Record (MAR), checked the trash and check on top of the medication cabinet, but to

W 104

1. Symbtral has retrained all LPN's and medication nurses on Policy of Securing and Accounting for individual's medication especially controlled class medication. **9/14/10** and ongoing

In addition Symbtral's governing body has re-iterated that controlled class medication is being stored under double lock separated from all medication.

CEO, QA Team, DON, QMRP, LPN's and Medication Nurses will continue to monitor to ensure compliance.

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W 104	<p>Continued From page 2</p> <p>no avail did not locate the missing medication.</p> <p>The LPNC, contacted the nurse (LPN #2) who was on duty the previous evening. LPN #2 explained that she returned Client #1's PM evening blister pack of medication for Phenobarbital, back into the medication closet after administering his evening medication.</p> <p>Review of the agency's medication administration policy and procedures revealed that the nurses were required to document and account for all dosage of medications and to properly secure the medication after administration. According to the LPNC, it was her responsibility to notify the physician after she discovered the medication was missing for further instruction relating to the client medication dosage. Reportedly, the physician gave her a telephone order to reorder Client #1's missing dosages of medication. The LPN noted that Client #1's evening dosage of medication was to resume the next day.</p> <p>Review of the agency's medication policy under the Storage section revealed that :</p> <p>"Each consumers medication is kept secure ....."</p> <p>2. [Cross reference W381] The facility's governing body failed to ensure that each clients medication was secured at all times.</p>	W 104	<p>Crossed referenced and adopted with W104.1.</p>	9/14/10 and ongoing
W 381	<p>483.460(l)(1) DRUG STORAGE AND RECORDKEEPING</p> <p>The facility must store drugs under proper conditions of security.</p> <p>This STANDARD is not met as evidenced by:</p>	W 381		

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W 381 Continued From page 3

Based on record review and staff interview, the facility failed to store drugs under proper conditions of security.

The finding includes:

On May 21, 2010, the State Surveying Agency (SSA) was notified via facsimile that the License Practical Nurse (LPN) at this agency discovered on May 17, 2010 that Client #1's Phenobarbital blister pack of medication was missing from the medication closet.

On June 1, 2010 at approximately 10:05 a.m., interview with the License Practical Nurse Coordinator (LPNC) was interviewed and revealed that the nursing staff has the responsibility for implementing the agency's policy of safely securing each clients' medication during and after administration. Review of the agency's Medication Administration Policy and Procedure verified the LPNC nurse was required to document and account for all dosages of medication and to properly secure the medication after administration.

Review of the agency's internal investigation on June 2, 2010, at approximately 2:00 PM revealed, that the agency Incident Coordinator completed their investigation on May 27, 2010. The investigative finding revealed several possible contributing factors which included: human error by the nursing staff administering the medication, the medication was left unsecured and/or either the medication was left unsupervised during administration on the day of the incident.

Note: It should be noted that Client #1 has a diagnosis of Seizures Disorder and is prescribed

W 381

Each LPN/ Medication nurse is required by Standard Nursing Procedure and Practice to complete and sign all controlled medication sheet. **9/14/10 and ongoing**

Any discrepancies are mandated to be reported immediately to the LPN Case Manager, DON, PCP and Pharmacy.

In addition orders prescribed by PCP are forward in writing to the pharmacy immediately so that medication regimen is continued as per doctor's order.

DON, QA Team, QMRP, LPN Case Manager will monitor to ensure compliance and randomly complete unscheduled oversights and monitoring.

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W 381 Continued From page 4  
Phenobarbitol as a part of his treatment medication regimen.

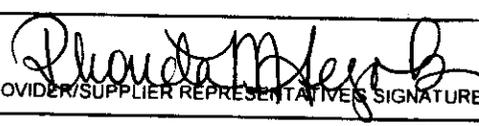
W 381 See page 4.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0167</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2010</b>
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I 000	<p><b>INITIAL COMMENTS</b></p> <p>On May 21, 2010, the State Surveying Agency (SSA) was notified via facsimile that the License Practical Nurse (LPN) at this agency discovered on May 17, 2010 that Resident #1's blister pack of prescribed dosage of Phenobarbital medication was missing from the medication closet. The report further indicated that the missing dosages of medication was to had been administered to the resident the previous evening by the medication nurse. Additionally, the LPN determined a total of 6 tablets were missing which would have ended the cycle for this medication.</p> <p>Due to the nature of the incident and information obtained from the administrative review, Health Regulation and Licensing Administration (HRLA) assigned an Investigator to investigate the circumstances surrounding Resident #1's missing controlled substances/narcotic medication.</p> <p>An on-site investigation was initiated on June 1, 2010 to verify compliance with the Local regulatory requirements and standards.</p> <p>The findings of this investigation were based on interviews with the management and nursing staff, the Qualified Mental Retardation Professional (QMRP) and the facility's direct care staff. Also, findings were based on the review of the resident's habilitation, medical records, and administrative records, including the facility's incident management reporting system.</p> <p>Based on the invetigative report findings it was substantiated that Resident #1's medication was missing from the facility.</p>	I 000	<p>Symbtral's governing body has received deficiency report and has reviewed established Nursing protocols, and amendments as well as executing other interventions to ensure compliance to regulatory codes as per monitoring agencies.</p>	<p>9/14/10 and ongoing</p>
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Health Regulation Administration		TITLE <b>RN/CEO</b>	(X6) DATE <b>9/17/10</b>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			
STATE FORM	6699	VRNO11	If continuation sheet 1 of 3

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I 379	Continued From page 1	I 379	
I 379	3519.10 EMERGENCIES	I 379	
	<p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident ' s health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all incidents of mistreatment, neglect and abuse were reported immediately to the administrator or to other officials in accordance with State Law as required by DC Regulation (22 DCMR Chapter 35 Section 3519.10), for one of the five residents residing in the facility. (Resident #1)</p> <p>The finding include:</p> <p>The facility failed to ensure timely reporting of all incidents in accordance with their established policies as evidenced below:</p> <p>On May 21, 2010, the State Surveying Agency (SSA) was notified via facsimile that the License Practical Nurse (LPN) at this agency discovered on May 17, 2010 that Resident #1's blister pack of her prescribed dosage of Phenobarbital medication was missing from the medication closet. The report further indicated that the missing dosages of medication was to had been administered to the resident the previous evening</p>		<p>Symbtral's Incident Management Coordinator has re-inserviced all Nurses, QMRP, and House Manager on Proper reporting protocol for incidences that places individual's at risk. (Medication Errors including but not limited to missed schedules and abuse and neglect).</p> <p><b>9/14/10 and ongoing</b></p>

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1379 Continued From page 2  
by the medication nurse. Additionally, the LPN determined a total of 6 tablets were missing which would have ended the cycle for this medication.

1379

See page 2.

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R 000 INITIAL COMMENTS

On May 21, 2010, the State Surveying Agency (SSA) was notified via facsimile that the License Practical Nurse (LPN) at this agency discovered on May 17, 2010 that Resident #1's blister pack of prescribed dosage of Phenobarbital medication was missing from the medication closet. The report further indicated that the missing dosages of medication was to had been administered to the resident the previous evening by the medication nurse. Additionally, the LPN determined a total of 6 tablets were missing which would have ended the cycle for this medication.

Due to the nature of the incident and information obtained from the administrative review, Health Regulation and Licensing Administration (HRLA) assigned an Investigator to investigate the circumstances surrounding Resident #1's missing controlled substances/narcotic medication.

An on-site investigation was initiated on June 1, 2010 to verify compliance with the Local regulatory requirements and standards.

The findings of this investigation were based on interviews with the management and nursing staff, the Qualified Mental Retardation Professional (QMRP) and the facility's direct care staff. Also, findings were based on the review of the resident's habilitation, medical records, and administrative records, including the facility's incident management reporting system.

Based on the investigative report finding it was substantiated that Resident #1 medication was missing from the facility.

R 000

Symbral's governing body has re-implemented protocols that will ensure compliance to regulatory codes as per monitoring agencies in prevention of re-occurrences of deficiencies cited.

9/14/10  
and  
ongoing

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Phouda M. Lee*

TITLE  
*CEO*

(X6) DATE  
*9/17/2010*

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R 125 Continued From page 1

R 125

R 125 4701.5 BACKGROUND CHECK REQUIREMENT

R 125

The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.

This Statute is not met as evidenced by:  
Based on the interview and review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check or one of the eight personnel files reviewed.

The finding includes:

On May 27, 2010 at approximately 10:50 a.m. interview with the Qualified Mental Retardation Professional (QMRP) and the review of the personnel records revealed that the GHMRP failed to provide evidence that ensured criminal background checks was on file for two direct care staff working in the facility. [Staff #1 and #2]

Symbtral's governing body has increased its core of office personnel delegating responsibility of checking and updating staff to the new office manager.

9/14/10  
and  
ongoing

Current background checks were received for staff #1 and staff #2 and have been placed in their personnel files.

A monitoring tool to ensure updated records are present in personnel files (Consultant, Nurses and Direct care staff).

QA Team, QMRP and House Manager will monitor to ensure compliance.