

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2008
NAME OF PROVIDER OR SUPPLIER NCC		STREET ADDRESS, CITY, STATE, ZIP CODE 203 SHERIDAN ST, NW WASHINGTON, DC 20011	

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I 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from October 23, 2008 through October 27, 2008. A random sample of two residents was selected from a population of four male residents with mental retardation and various other disabilities. One other resident was selected as a focus on behavior support and active treatment.</p> <p>The findings of the survey were based on observations at the group home, interviews with residents and staff, and the review of clinical and administrative records including incident reports.</p>	I 000	<p>The group home at 203 Sheridan Street, NW was surveyed on October 23 through October 27, 2008. Three of the four males in the home were included in the sample. The surveyor shared the findings with the GHMRP and offered technical assistance in an effort to help this facility gain compliance. We have addressed all concerns stated within and have established systems that will prevent future citations.</p>	10/27/08
I 056	<p>3502.14 MEAL SERVICE / DINING AREAS</p> <p>Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.</p> <p>This Statute is not met as evidenced by: Based on record review, the GHMRP failed to provide documented evidence that staff had been trained in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.</p> <p>The finding includes: Interview with the house manager and review of the staff training manual on October 27, 2008 at 11:00 a.m. failed to provide evidence that the staff had been trained in the storage, preparation and serving of food. Additionally, there was no evidence staff was trained on the cleaning and care of equipment and the maintenance of sanitary conditions during food preparation.</p>	I 056	<p><i>Received 11/14/08</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p> <p>Training for staff on the storage, preparation and serving of food will be conducted on November 19, 2008 by Nutrition Services, LLC.</p>	11/19/08

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jacqueline L. Smith, Program Manager* TITLE: *Program Manager* (X6) DATE: *11/14/08*

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I 135	<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 interview and the review of fire drill reports, the GHMRP failed to provide evidence that evacuation drills were held at least quarterly for each shift of personnel.</p> <p>The finding includes:</p> <p>Interview with the house manager on October 24, 2008 revealed that the GHMRP had three shifts of duty, 9:00 AM - 3:00 PM, 3:00 PM - 11:00 PM and 11:00 PM - 9:00 AM. Review of the GHMRP's fire drill logs on October 24, 2008 at approximately 3:30 p.m. revealed that the only documented evacuation drill had been conducted on August 11, 2008. According to the review of the fire drill schedule, drills should have been conducted on July 26, 2008, September 17, 2008 and October 2, 2008. Continued interview with the house manager verified that the drills had not been conducted quarterly for each shift as required.</p> <p>Note: Interview with the house manager on October 24, 2008 revealed that the resident s moved into the GHMRP on June 29, 2008.</p>	I 135	<p>A schedule of quarterly fire drills was prepared for the home. Staff was trained on evacuation drill procedures on October 29, 2008. Evacuation drills were held on October 24, 2008. The GHMRP and house manager will adhere to the fire drill schedule.</p>	<p>10/24/08</p> <p>10/29/08</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 2 would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure its staff received annual health screenings in the form and manner as required by this section. The findings include: Interview with the QMRP and review of the available personnel records on October 24, 2008 revealed the GHMRP failed to provide evidence of physical examinations for, LPN #1, #2, #3 and #4. In addition, no health certifications were available for two direct care staff (Staff #5 and #6).	I 206	Health certificates were obtained for the RN, for LPNs 4 and 5 and direct care staff 6. LPN 2 will submit a health certificate before returning to the work schedule. Staff number 5 will submit a health certificate by November 14, 2008 or she will be removed from the work schedule. Copies of health certificates will be collected annually and maintained in the GHMRP's records.	11/14/08
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: Based on record review, the GHMRP failed to have on file for review current training in CPR for employees. The finding includes:	I 227	Proof of training in first aid and CPR was obtained from the RN, LPN 2 and LPN 4. LPN 5 is on leave but will submit proof of training in first aid and CPR before returning to the work schedule. Copies of first aid and CPS certifications will be collected annually and maintained in the GHMRP's records.	11/14/08

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I 422	Continued From page 4 given verbal cues with 90% independence. There was no data documented for August 2008, September 2008 and October 2008. 4. Resident #3 had a program goal to state his new address. There was no evidence the program had been implemented in August 2008, September 2008 and October 2008. Additionally, the resident's old address was located in the IPP book. The QMRP acknowledged that the wrong address was noted in the book. In an interview with the QMRP on October 27, 2008 at approximately 3:00 P.M. she acknowledged the lack of documentation of the aforementioned programs. At the time of the survey, the GHMRP failed to provide evidence that Resident #3 was provided habilitation and training in accordance with his habilitation plan.	I 422	3. On October 29, 2008 staff was trained on the importance on implementing active treatment goals and documenting the results as schedule. Staff has conducted active treatment training as scheduled. 4. On October 29, 2008 staff was trained on the importance on implementing active treatment goals and documenting the results as schedule. Staff was given the correct training material for this objective.	10/29/08 10/29/08

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R 000	<p>INITIAL COMMENTS</p> <p>This licensure survey was conducted from October 23, 2008, through October 27 2008. Four male residents with varying degrees of disabilities reside in this facility. Two of the four residents were randomly selected for the sample.</p> <p>The findings of the survey were based on observations at the group home and two day program, interviews with management and direct care staff in the residence and the review of the administrative records including the facility's incident management system.</p>	R 000	<p>The group home at 203 Sheridan Street, NW was surveyed on October 23 through October 27, 2008. Three of the four males in the home were included in the sample. The surveyor shared the findings with the GHMRP and offered technical assistance in an effort to help this facility gain compliance. We have addressed all concerns stated within and have established systems that will prevent future citations.</p>	10/27/08
R 125	<p>4701.5 BACKGROUND CHECK REQUIREMENT</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, 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 had worked or resided.</p> <p>The finding includes:</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) and review of the GHMRP's personnel records on October 24, 2008, at approximately 3:00 p.m. revealed that the GHMRP failed to provide evidence that criminal</p>	R 125	<p>Copies of the criminal back ground checks for the employees of 203 Sheridan Street were obtained from the Human Resources Department. These records were filed in the GHMRP's personnel records so that they will be available upon request.</p>	11/13/08

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TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 2

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R 125	Continued From page 1 background checks were on file and disclosed a seven year history of all the jurisdictions where the employee resided and worked for two staff (Staff #1 and #4).	R 125		