

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/13/2009
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  METRO HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 2268 SUDBURY ROAD, 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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

W 000	<p><b>INITIAL COMMENTS</b></p> <p>On June 29, 2009, at approximately 11:15 a.m. the State Agency (SA) was notified (via telephone) by the Qualified Mental Retardation Professional (QMRP) that on June 28, 2009, at approximately 9:00 p.m., Staff #1 was assisting Client #1 in the shower after he had a bowel movement and noticed a foreign object protruding from his rectum. After many unsuccessful attempts to wipe the object away, Staff #1 proceeded to pull the object out and discovered that it was a condom.</p> <p>On June 29, 2009, the State Agency (SA) received an Unusual Incident Report (UIR) via facsimile that documented the aforementioned information. The UIR further categorized the incident as an "Allegation of sexual abuse."</p> <p>An onsite investigation was initiated on June 30, 2009, to verify compliance with federal regulatory requirements. A review of Client #1's Behavioral Support Plan (BSP) dated October 8, 2008 on July 9, 2009 at approximately 1:39 p.m., revealed Client #1 was provided with 24-hour para professional 1:1 staffing.</p> <p>During the investigation the SA substantiated that Client #1 was sexually abused. The SA also determined that the facility failed to ensure systems were implemented to ensure that all clients (Client #1, #2, #3, #4, #5 and #6) were not subjected to potential abuse while the investigation was in progress.</p> <p>The findings of the investigation were based on observations at the group home, interviews with clients, group home direct care staff, nursing and administrative staff, and review of resident and</p>	W 000	<p><i>Received 8/13/09</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>	
-------	---	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Susan J. Shaw</i>	TITLE <i>VP Operations</i>	(X8) DATE <i>8/14/09</i>
---	-------------------------------	-----------------------------

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.

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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
W 000  W 102          W 104	Continued From page 1 administrative records; including incident reports. As a result of the findings, a determination was made that the facility failed be in compliance with the Conditions of Participation in Governing Body and Client Protections. <b>483.410 GOVERNING BODY AND MANAGEMENT</b>  The facility must ensure that specific governing body and management requirements are met.  This CONDITION is not met as evidenced by: Based on interview and record review, the facility's governing body failed to maintain general operating direction over the facility. [Cross Reference W104].  The systemic effect of these practices resulted in the failure of the governing body to adequately manage and govern the facility and to ensure its compliance with the Condition of Participation in Client Protections [Cross Reference W122]. <b>483.410(a)(1) GOVERNING BODY</b>  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on interview and record review, the governing body exercised general policy and operating direction over the facility, except in the following areas for one of one client in the investigation (Client #1).	W 000  W 102          W 104	W 102 The governing body will ensure that all Metro Homes Policies and Procedures are maintained and are adequately managed. The Agency will ensure that all systems are practiced to ensure compliance in all its facilities. The Agency's governing body will ensure that The Incident Management policy is maintained and that Client protection is exercised to ensure compliance with the Conditions of Participation in Governing Body and Client Protections. The Agency will comply with the Plan of Corrections and have QA systems and due oversight to ensure compliance with all operating systems for the facility.  W104 1. The Incident Management Policy has been amended to reflect procedures to be followed with incident management within and outside of residential jurisdiction. In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction. 2. This individual was on vacation at Ocean City when the incident was discovered. In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction.	8/14/09

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2288 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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	
W 104	<p>Continued From page 2</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Cross Refer to W149. The governing body failed to provide sufficient administrative oversight to ensure the effective implementation of the facility's incident management policy.</li> <li>2. Cross Refer to W155. The governing body failed to ensure that systems were developed/implemented to make certain clients were protected from further potential abuse while an allegation of abuse was investigated.</li> <li>3. Cross Refer to W156. The governing body failed to ensure investigations were completed within five working days. (Client #1)</li> <li>4. Cross Refer to W193. The governing body failed to ensure that the facility staff demonstrated competency in the implementation of the Behavior Support Plan (BSP) for one of one client in the investigation. (Client #1)</li> <li>5. The governing body failed to ensure thorough criminal background checks were obtained for staff prior to employment as evidenced below:</li> </ol> <p>Review of the personnel files of all staff employed for the facility on July 1, 2009 at approximately 2:09 p.m., revealed ten of seventeen records failed to document a comprehensive background check that covered all jurisdictions in which the employee worked and lived for the past seven years. According to the Employee Handbook, as a part of the application procedures, the facility's Human Resources Department was responsible for conducting "reference checks and background check, including but not limited to criminal records checks....."prior to an offer of employment.</p>	W 104	<ol style="list-style-type: none"> <li>3. This investigation took longer than the usual 5 days to complete as it was complex and required a greater length of time to complete a comprehensive investigation.</li> </ol> <p>In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction.</p> <ol style="list-style-type: none"> <li>4. The 1:1 staff and the residential staff have been re-in serviced by the QMRP and the Psychologist on the individual's BSP.</li> </ol> <p>In the future the QMRP and the Residential Coordinator will ensure that all staff will implement the BSP and there is on going training to demonstrate their competency.</p> <ol style="list-style-type: none"> <li>5. The Agency has a policy that all employees must have a background check completed for their jurisdictions of residence and past employment prior to employment.</li> </ol> <p>In the future the Agency will ensure that HR Department will adhere to this policy by completing monthly QA audits.</p> <p>The Agency is in the process of restructuring and hiring additional HR personnel.</p> <p>See attached Amended Policy on Incident Management, Staff training on BSP, Incident Management, employees criminal clearance copies</p>		

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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	
W 104	Continued From page 3	W 104			
W 122	<p>At the time of the investigation the facility failed to ensure criminal background checks were conducted in accordance with its application procedures, as well as state regulations.</p> <p><b>483.420 CLIENT PROTECTIONS</b></p> <p>The facility must ensure that specific client protections requirements are met.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the facility failed to notify promptly the client's family member/medical surrogate of an allegation of abuse (Cross Refer to W148); failed to implement policies and procedures that ensured clients' health and safety (Cross Refer to W149); failed to ensure that all unusual incidents including injuries of unknown origin were reported immediately to other officials according to District of Columbia Regulations 22 DCMR, Chapter 35, Section 3519.10 (Cross Refer to W153); failed to provide evidence that clients were protected from further potential abuse while an allegation of abuse was investigated (Cross Refer to W155); failed to ensure staff demonstrated competency in implementing Client #1's Behavior Support Plan (Cross Refer to W193); the facility failed to report the results of all investigations to the administrator or designated representative or to other officials in accordance with State Law within five working days (Cross Refer to W156); failed to ensure preventative and general care services (Cross Refer to W322); and failed to ensure that the client received a sexual assault examination by a qualified Sexual Assault Nurse Examiner (S.A.N.E) in accordance with the established</p>	W 122	<p>W122</p> <p>The Incident Management Policy has been amended to reflect procedures to be followed with incident management within and outside of the individual's residential jurisdiction.</p> <p>In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction.</p> <p>The Agency will ensure that the individual will receive protection to ensure their health and well being by implementing all P&amp;P for BSP, client protection and incident management policies.</p> <p>See attached training on Client rights and safety and protection</p>	8/14/09	



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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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
W 148	Continued From page 5 was reported.  Interview with the QMRP, on June 30, 2009, at approximately 10:55 a.m., acknowledged that Client #1's guardian was not notified of the incident until June 29, 2009 at 10:18 a.m. Further interview with the QMRP revealed that on June 29, 2009 at 3:00 P.M. while at an area hospital's Emergency Department, telephone contact was made with Client #1's guardian and consent was obtained for a sexual assault examination.  There was no documented evidence the facility promptly notified the client's family member/medical surrogate of an allegation of abuse, as outlined in its policy.	W 148		
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse for one client in the investigation. (Client #1)  The findings include:  On July 6, 2009 at approximately 9:00 a.m., an Unusual Incident Report (UIR) dated, June 28, 2009 was reviewed. The report reflected while on vacation out of town on June 28, 2009, at approximately 9:00 p.m., Staff #1 was assisting	W 149		

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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
W 149	<p>Continued From page 6</p> <p>Client #1 in the shower after he had a bowel movement. During that time the staff noticed a foreign object protruding from his rectum. After many unsuccessful attempts to wipe the object away, Staff #1 proceeded to pull the object out and discovered that it was a condom. The UIR further categorized the incident as an allegation of sexual abuse. According to the UIR, Staff #1 reported the incident to the Residential Coordinator (RC); who in turn, reported it to the QMRP, the Registered Nurse Coordinator, and the Licensed Practical Nurse Coordinator.</p> <p>Interviews with the facility's management staff revealed that the established incident management policies and procedures were not followed as evidenced below:</p> <ol style="list-style-type: none"> <li>1. The facility's incident management policies reflected that the QMRP was responsible for ensuring "all injuries alleged or suspected of being the result of any form of abuse or neglect receive examination of the individual by a physician, or other medical professional qualified to make a medical assessment of the injury."</li> </ol> <p>Interview with Registered Nurse (RN) on June 30, 2009, at approximately 3:17 p.m., revealed that on the day of the incident at approximately 9:10 p.m., she performed a visual and digital rectal examination on Client #1. The RN indicated that her visual and digital rectal examination did not reveal any trauma, bruising, tears or swelling. The RN further stated she was advised by the Vice President of Operations (VPO) to transport the client back to Washington, D.C. in the morning (June 29, 2009) for a medical examination.</p> <p>Interview with the Licensed Practical Nurse</p>	W 149	<p>W149</p> <ol style="list-style-type: none"> <li>1. The Incident Management Policy has been amended to reflect procedures to be followed with incident management within and outside of the individual's residential jurisdiction. In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction.</li> <li>2. All management and nursing staff have been in serviced on Incident Management Policy, client's safety and protection rights.</li> <li>3. Several attempts were made to reach the parent of the individual once the incident was discovered but the QMRP was unable to reach the parent (mother) till the next morning at 10am. The parent had only permitted travel to Ocean City and the closest hospital was 2hrs away on the Eastern Shore. The Agency had made the decision to safely accompany the individual back to his residential jurisdiction, and left Ocean City at 6am that morning, with the anticipation that a consent could be obtained from the parent during transit (for the individual to receive an examination by a SANE ) and the individual was taken to the ER directly. Transporting the individual to the closest hospital – on the Eastern Shore approx. 2hrs away without receiving a parent's consent would have been futile and procedures for obtaining a SANE exam would not be completed.</li> </ol>	

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/13/2009
NAME OF PROVIDER OR SUPPLIER  METRO HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 2268 SUDBURY ROAD, 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) COMPLETION DATE
W 149	<p>Continued From page 7</p> <p>Coordinator (LPN-C) on July 1, 2009 at approximately 11:20 a.m., revealed LPN-C assisted the RN during the visual and digital rectal examination on June 28, 2009. LPN-C acknowledged that the VPO advised the RN and the QMRP to transport Client #1 to Washington, D.C. for a medical examination.</p> <p>The QMRP was interviewed on June 30, 2009 at approximately 4:15 p.m., revealed that an administrative decision was made by the VPO not to contact Law Enforcement or to seek medical assistance for Client #1 in Ocean City, Md. The QMRP was instructed to transport Client #1 to Washington, D.C. the following morning for a medical examination.</p> <p>In a telephone interview with the VPO, on June 29, 2009, at approximately 5:35 p.m., it was acknowledged that the QMRP and the RN were advised on June 28, 2009 to transport Client #1 on June 29, 2009 to Washington, D.C. for a medical examination. Further interview with the VPO revealed that it was determined that the vacation location (Ocean City, Maryland) did not have the appropriate medical facility to perform the necessary sexual assault examination.</p> <p>There was no evidence that at the time the incident was discovered Client #1 received an examination by a qualified medical professional in accordance with the facility's Incident Management policy.</p> <p>2. [Cross refer to W155] The facility's Incident Management policy reflected that the QMRP must assure that the target of the allegation is placed on administrative leave or re-assigned to a position that does not allow contact with the</p>	W 149	<p>5. The Incident Management Policy has been amended to include time frames for reporting and notifying the primary physician.</p> <p>6. The Incident Management Policy has been amended to reflect procedures to be followed with incident management within and outside of the individual's residential jurisdiction.</p> <p>In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction.</p>	8/14/09

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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
W 149	<p>Continued From page 8</p> <p>individuals while an investigation was in progress.</p> <p>The QMRP was interviewed on June 30, 2009 at approximately 4:15 p.m. The QMRP acknowledged she was informed of the aforementioned incident June 29, 2009 at approximately 9:05 p.m. by the RC. The QMRP further indicated that that she notified the VPO on the same day at approximately 9:25 p.m. of the incident, and at that time, she initiated an investigation.</p> <p>Interview with the RC on July 1, 2009 at approximately 1:30 p.m. revealed that Staff #1 and Staff #2 were assigned to provide one to one services for Client #1 while on vacation. Further interview with the RC and review of the incident report revealed Staff #1 and Staff #2 remained on duty and provided direct care services to Client #1 until the following day.</p> <p>Interview with Staff #1 on July 1, 2009 at approximately 10:45 a.m. revealed that on the day of the incident, he discovered the condom in Client #1's rectum. Further interview with Staff #1 revealed that on June 29, 2009, at 6:00 a.m., he assisted the RC and the RN in transporting Client #1 back to Washington, D.C. in the facility's van</p> <p>Interview with Staff #2 on July 1, 2009 at 11:45 a.m. revealed that he was informed by the RC that he would have to administer medication to Client #1 early on the morning of June 29, 2009 because the client would be returning back to Washington, D.C. Staff #2 revealed that he was informed by LPN-C on June 29, 2009 at approximately 4:30 p.m. that he was being placed on administrative leave. The LPN-C transported him to the bus station at approximately 5:45 p.m.</p>	W 149		

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/13/2009
NAME OF PROVIDER OR SUPPLIER  METRO HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 2268 SUDBURY ROAD, 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) COMPLETION DATE
W 149	<p>Continued From page 9</p> <p>Interview with the LPN-C on July 1, 2009, at 11:15 a.m. acknowledged that she informed Staff #2 that he was being placed on administrative leave pending the outcome of the investigation. She further acknowledged that she transported Staff #2 to the bus station to return to Washington, DC.</p> <p>Review of the "Travel Logistics for Residents" on June 30, 2009 at approximately 3:00 p.m., revealed Staff #1 and #2 was assigned to provide direct care services for Client #1 while on vacation.</p> <p>There was no evidence that the QMRP assured the possible targets of the allegation (Staff #1 and Staff #2) was placed on administrative leave or re-assigned to a position that did not allow contact with the individuals until the results of the investigation are complete in accordance with the facility's Incident Management policy.</p> <p>3. [Cross refer to W148] The facility's Incident Management policy reflected that The QMRP or designee will make family notification immediately or within two (2) hours from the time the incident was reported.</p> <p>In an interview with the Qualified Mental Retardation Professional (QMRP), on June 30, 2009, at approximately 10:55 a.m., it was acknowledged that Client #1's guardian was not notified of the incident until June 29, 2009 at 10:18 a.m.</p> <p>5. [Cross refer to W331] The facility failed to develop a policy and procedure that delineated the timeframe for notifying the primary care</p>	W 149		

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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
W 149	Continued From page 10 physician of serious incident.	W 149		
W 155	<p>6. The facility failed to develop a policy and procedure that delineated the timeframe for notifying law enforcement agencies in the event of a sexual assault as evidenced below:</p> <p>Interview with the QMRP on June 30, 2009 at approximately 4:15 p.m. revealed that an administrative decision was made by the VPO not to contact Law Enforcement for Client #1 in Ocean City, Md. She was instructed to transport Client #1 to Washington, D.C. the following morning for a medical examination.</p> <p><b>483.420(d)(3) STAFF TREATMENT OF CLIENTS</b></p> <p>The facility must prevent further potential abuse while the investigation is in progress.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence that Client #1 was protected from further potential abuse while an allegation of abuse was investigated.</p> <p>The finding includes:</p> <p>Interview with Staff #1 on July 1, 2009 at approximately 10:45 a.m. revealed that on June 28, 2009 at approximately 9:00 p.m., he was assisting Client #1 in the shower after he had a bowel movement and noticed a foreign object protruding from his rectum. Staff #1 attempted to wipe the object away and was unsuccessful, he than proceeded to pull the object out and discovered that it was a condom. Staff #1 revealed that he notified the Residential</p>	W 155	<p>W 155</p> <p>In the future the Agency will ensure that the Incident Management Policy is followed and alleged targets of an investigation are placed on administrative leave in accordance with the Incident Management Policy, to prevent any further abuse of the individual.</p>	8/14/09

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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
W 155	<p>Continued From page 12</p> <p>revealed that on June 29, 2009, at 6:00 a.m., he assisted the RC and the RN in transporting Client #1 back to Washington, D.C. in the facility's van.</p> <p>Interview with Staff #2 on July 1, 2009 at 11:45 p.m. revealed that he was informed by the RC that he would have to administer medication to Client #1 early on the morning of June 29, 2009 because the client would be returning back to Washington, D.C. Staff #2 revealed that he was informed by LPN-C on June 29, 2009 at approximately 4:30 p.m. that he was placed on administrative leave, and that LPN-C transported him to the bus station at approximately 5:45 p.m. to return to Washington, DC.</p> <p>Interview with the LPN-C on July 1, 2009, at 11:15 a.m. acknowledged that she informed Staff #2 that he was being placed on administrative leave pending the outcome of the investigation. She further acknowledged that she transported Staff #2 to the bus station.</p> <p>Interview with Staff #3 on July 1, 2009 at approximately 12:45 p.m., revealed he provided direct care services for Client #3.</p> <p>Review of the "Travel Logistics for Residents," on June 30, 2009 at approximately 3:00 p.m. revealed Staff #1 and #2 was assigned to provide direct care services for Client #1 while on vacation. Further review of the document revealed that Staff #4 was assigned to provide direct care services for Clients #3 and #4, and Staff #5 was assigned to provide direct care to Client #6.</p> <p>There was no evidence that the QMRP assured the possible targets of the allegation was placed</p>	W 155		

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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	
W 155	Continued From page 13 on administrative leave or re-assigned to a position that does not allow contact with the individuals until the results of the investigation are complete in accordance with the facility's Incident Management policy.	W 155			
W 156	There was no evidence the facility protected the client's from further potential abuse while an allegation of abuse was investigated. <b>483.420(d)(4) STAFF TREATMENT OF CLIENTS</b>  The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of all investigations to the administrator or designated representative or to other officials in accordance with State Law within five working days of the incident for one of one client in the investigation. (Client #1)  The finding includes:  Interview with the QMRP on June 30, 2009 at approximately 4:15 p.m., she acknowledged she was informed of the incident on June 28, 2009 at approximately 9:05 p.m. by the Residential Coordinator and at that time, an investigation was initiated. As of July 9, 2009, at approximately 1:00 p.m., the State Agency had not received the results of the internal investigation.  There was no evidence at the time of the investigation that the results of the facility's	W 156	W156 This investigation took longer than the usual 5 days to complete as it was complex and required a greater length of time to complete a comprehensive investigation. In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction.	8/14/09	

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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	
W 156	Continued From page 14	W 156			
W 159	investigation was reported to the administrator within five working days of the incident. <b>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</b>  Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.  This STANDARD is not met as evidenced by: Based on interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to adequately monitor, integrate, and coordinate the health and safety needs, for one of one client in the investigation. (Client #1)  The findings include:  1. Cross Refer to W189. The QMRP failed to ensure that the nursing staff received effective training that included implementation of the incident management policy.  2. Cross refer to W193. The QMRP failed to ensure that staff demonstrated competency in the implementation the Behavior Support Plan (BSP) for one of one client in the investigation. (Client #1)  3. Cross refer to W149. The QMRP failed to ensure the incident management policy was implemented.	W 159	W159 1. The nurses were in serviced on the new Incident Management Policy. 2. All staff were in serviced on the individual's BSP, by the psychologist. 3. All management staff were in serviced on the Incident Management Policy. In the future the Agency will ensure that the Agency's Incident Management Policy is followed.	8/14/09	
W 189	<b>483.430(e)(1) STAFF TRAINING PROGRAM</b>  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.	W 189			

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/13/2009
NAME OF PROVIDER OR SUPPLIER  METRO HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 2268 SUDBURY ROAD, 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) COMPLETION DATE	
W 189	Continued From page 15  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee was provided with effective training that enabled the employee to perform his or her duties effectively, efficiently, and competently for one of one client in the investigation. (Client #1)  The findings include:  1. Cross Refer to W149(1). The QMRP failed to ensure that the nursing staff received effective training that included implementation of the incident management policy.  2. Cross refer to W193. The QMRP failed to ensure that staff demonstrated competency in the implementation the Behavior Support Plan (BSP) for one of one client in the investigation. (Client #1)	W 189	W189 1. REFER TO W159 1. 2. REFER TO W159 2.		
W 193	483.430(e)(3) STAFF TRAINING PROGRAM  Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.  This STANDARD is not met as evidenced by: Based on staff interview and record verification, the facility staff failed to demonstrate competency in implementation of the Behavior Support Plan (BSP) for one of one client being investigated. (Client #1)  The finding includes:  On July 6, 2009, at approximately 9:00 a.m.,	W 193	W193 All staff were in serviced on the individual's BSP and 1:1 job expectations and description, by the psychologist and the QMRP. In the future the QMRP will ensure that all 1:1 staff adheres to the job description and have on going in service training on the BSP for this individual to ensure compliance.	8/14/09	

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2288 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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	
W 193	<p>Continued From page 16</p> <p>review of an Unusual Incident Report (UIR) dated June 29, 2009, revealed that on June 28, 2009, at approximately 9:00 p.m., Staff #1 was assisting Client #1 in the shower after he had a bowel movement and noticed a foreign object protruding from his rectum. Staff #1 proceeded to pull the object out and discovered that it was a condom. The UIR further categorized the incident as an "Allegation of abuse (sexual).</p> <p>The facility failed to ensure that Client #1's 1:1 staff remained within arms reach or within eyesight in accordance with his BSP as evidence below:</p> <p>a. In an interview with Staff #1 on July 1, 2009, at approximately 10:45 a.m., revealed that on the night's of June 27 and 28, 2009, he slept in a hallway around the corner from Client #1's bedroom.</p> <p>b. In an interview with Staff #2 on July 1, 2009 at approximately 11:45 a.m. revealed that on the night's of June 27 and 28, 2009, he slept in an open large closet in Clients #3 and #4 bedroom.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on June 30, 2009 at approximately 4:15 p.m. revealed Client #1 received 1:1 staffing 24 hours a day to manage maladaptive behaviors. (i.e. Self-injurious behavior, physical aggression, pica, and bolting). Further interview with the QMRP revealed that one of the primary duties of the 1:1 staff person was to remain within eyesight and/or arm's length of Client #1 at all times.</p> <p>Review of Client #1's Behavioral Support Plan (BSP) dated October 8, 2008 on July 9, 2009 at</p>	W 193			

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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	
W 193	Continued From page 17 approximately 1:39 p.m. confirmed targeted behaviors of self-injurious behavior, physical aggression, pica, and bolting. Further review of the BSP revealed Client #1 be provided with 24-hour para professional 1:1 staffing.  Review of the Psychological Assessment dated June 12, 2008, on the same day revealed Client #1 "was not able to make independent decisions concerning his treatment plan, financial affairs, living arrangements, or day placement indicating that he lacked the cognitive and academic skills necessary to understand the implications of such decisions, and therefore cannot give informed consent."  On July 9, 2009, at approximately 1:56 p.m. review of the facility's 1:1 job expectations/description for the group staff (undated) revealed the staff was expected to "remain in close proximity (arms length distance) at all times".  There was no evidence that the facility staff demonstrated competency in the implementation of the Client #1's BSP.	W 193			
W 215	483.440(c)(3)(iv) INDIVIDUAL PROGRAM PLAN  The comprehensive functional assessment must identify the client's needs for services without regard to the actual availability of the services needed.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a human sexuality assessment was conducted for one of one client residing in the facility. (Client #1)	W 215			

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/13/2009
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  METRO HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 2268 SUDBURY ROAD, 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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

W 215	<p>Continued From page 18</p> <p>The finding includes:</p> <p>In an interview with the Registered Nurse (RN) on June 30, 2009, at approximately 3:17 p.m., revealed that upon notification of the incident, she arrived at the vacation residence and performed a visual and digital examination on Client #1. She indicated the client did not respond in any manner i.e. defensive, or as if in pain; during the examination. She indicated that it was not normal for a person not to respond to a rectal examination. She further indicated that the "abuse was not acute, but chronic". It was her opinion that the client was used to having his anus manipulated.</p> <p>Review of the Psychological Assessment dated June 12, 2008, on the same day, revealed Client #1 "was not able to make independent decisions concerning his treatment plan, financial affairs, living arrangements, or day placement. He lacks the cognitive and academic skills necessary to understand the implications of such decisions and therefore cannot give informed consent".</p> <p>When asked if the client had ever been sexually active, the nurse stated that she did not know. Further review of the record, revealed that a human sexuality assessment had not been performed to ascertain if the client had been sexually active or assaulted in the past.</p>	W 215	<p>W215</p> <p>A human sexuality assessment has been completed on this individual. The Agency has instituted that an annual Human Sexuality Assessment be completed on each individual. The nursing staff and QMRPs have been in serviced on the usage of the assessment form. See attached Human Sexuality assessment</p>	8/14/09
W 322	<p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p>	W 322		

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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
W 322	<p>Continued From page 19</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure preventative and general care services for one of one client in the investigation. (Client #1)</p> <p>The finding includes:</p> <p>Cross Refer to W331. The facility failed to ensure that Client #1 received a timely sexual assault examination by a qualified Sexual Assault Nurse Examiner (S.A.N.E) in accordance with the establish standards of care for sexual assault victims. It was determined at the time of investigation that the facility's RN completed a visual and digital rectal examination on an alleged sexual abuse victim inappropriately without proper certification.</p>	W 322	<p>W322</p> <p>The agency RN has been counseled on the Incident Management Policy and the inappropriate examination of the individual. The RN was also counseled on certification / expiration of her SANE status.</p> <p>In the future the Agency will ensure that all RN Supervisors will work under the direction of the Director of Nursing. See attached RN counseling form</p>	8/14/09
W 331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record verification, the facility failed to 1). Ensure that a client received a sexual assault examination by a qualified Sexual Assault Nurse Examiner (S.A.N.E) in accordance with the establish standards of care for sexual assault victims and 2). Notify the primary care physician timely of an incident of sexual assault, for one of one client in the investigation. (Client #1)</p> <p>The findings include:</p> <p>1. On June 29, 2009, at approximately 11:15 a.m. the State Agency (SA) was notified (via</p>	W 331		

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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
W 331	<p>Continued From page 20</p> <p>telephone) by the Qualified Mental Retardation Professional (QMRP) that on June 28, 2009, at approximately 9:00 p.m. Staff #1 was assisting Client #1 in the shower after he had a bowel movement and noticed a foreign object protruding from his rectum. After many unsuccessful attempts to wipe the object away, Staff #1 proceeded to pull the object out and discovered that it was a condom.</p> <p>On June 30, 2009, at approximately 3:17 p.m. interview with the facility's Registered Nurse (RN) revealed she was informed that Staff #1 removed a condom from Client #1's rectum. The RN indicated she performed a visual and digital rectal examination on Client #1 by initially inserting her index finger and then her thumb into the client's rectum.</p> <p>Further interview with the RN revealed she was a Sexual Assault Nurse Examiner (S.A.N.E) and was qualified to perform the examination. However, at no time during the examination was there any evidence collected.</p> <p>On July 8, 2009 at approximately 1:54 p.m., interview with the Director of the S.A.N.E. Program, located in Washington, D.C., stated that the facility's RN's (whom performed the examination) certification for the District of Columbia had expired in 2002, and that the Ocean City Maryland police department should have been notified immediately after the discovery of the condom. Further interview revealed that Client #1 should have been transported to a local medical facility to have a S.A.N.E evaluation performed.</p> <p>On June 30, 2009, at approximately 3:30 p.m.,</p>	W 331	<p>W331</p> <p>1. The agency RN has been counseled on the Incident Management Policy and the inappropriate examination of the individual. The RN was also counseled on certification / expiration of her SANE status.</p> <p>In the future the Agency will ensure that all RN Supervisors will work under the direction of the Director of Nursing. See attached RN counseling form</p> <p>2. The Incident Management Policy has been amended to include time frames for notification of the primary care physicians.</p> <p>See attached Incident Management Policy and Staff, management and nursing in service record</p>	8/14/09

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/13/2009
NAME OF PROVIDER OR SUPPLIER  METRO HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 2268 SUDBURY ROAD, 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) COMPLETION DATE	
W 331	<p>Continued From page 21</p> <p>review of the Patient Discharge Instructions dated June 29, 2009, revealed Client #1 was assessed by the S.A.N.E. unit in Washington, DC and diagnosed with Sexual Assault. The client was provided with Post Sexual Assault Instruction. Client was administered 1 Gram of Zithromax and 250 mg of Flagyl while in the emergency room. Client #1 was also provided prescriptions for Lamivudine/Zidovudine and Lopinavir/Ritonavir for HIV (Human Immunodeficiency Virus) prevention.</p> <p>There was no evidence the facility established systems to provide qualified health care services for Client #1 in accordance with his needs.</p> <p>2. Interview with the Registered Nurse on July 1, 2009 at approximately 10:30 a.m. revealed that the primary care physician (PCP) was not notified of the aforementioned incident until June 29, 2009. ( time unknown)</p> <p>Review of a Referral Request dated July 7, 2009 revealed the PCP evaluated Client #1 on that day. The findings and recommendations documented on the form were as follows: "Rectum: No external excoriations, No mass in rectum. Rectum open-evidence of many sexual encounters in the past - not recently evident."</p> <p>Interview with the PCP on July 13, 2009 at 12:42 p.m., revealed the PCP was notified of the incident the weekend the incident occurred (date and time unknown), however, she did not know where the incident was discovered. Further interview revealed the PCP recommended that the facility's staff transport Client #1 to the emergency room.</p>	W 331			

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

PRINTED: 07/24/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2266 SUDBURY ROAD, NW</b> <b>WASHINGTON, DC 20012</b>		
(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
W 331	Continued From page 22 Review of the facility's incident management policy on June 30, 2009 at 11:15 a.m. revealed that there were no timeframes delineated for notifying the primary care physician of serious incidents.	W 331		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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
1 000	<p><b>INITIAL COMMENTS</b></p> <p>On June 29, 2009, at approximately 11:15 a.m. the State Agency (SA) was notified (via telephone) by the Qualified Mental Retardation Professional (QMRP) that on June 28, 2009, at approximately 9:00 p.m. Staff #1 was assisting Resident #1 after he had a bowel movement and noticed a foreign object protruding from his rectum. After many unsuccessful attempts to wipe the object away, Staff #1 proceeded to pull the object out and discovered that it was a condom.</p> <p>On June 29, 2009, the State Agency (SA) received an Unusual Incident Report (UIR) via facsimile that documented the aforementioned information. The UIR further categorized the incident as an "Allegation of abuse (sexual)."</p> <p>An onsite investigation was initiated on June 30, 2009, to verify compliance with state regulatory requirements. During the investigation, the SA substantiated that Resident #1 was sexually abused. The SA also determined that the GHMRP failed to ensure systems were implemented to ensure that all residents (#1, #2, #3, #4, #5 and #6) were not subjected to potential abuse while the investigation was in progress.</p> <p>The findings of the investigation were based on observations at the group home, interviews with residents, group home direct care staff, nursing and administrative staff, and review of resident and administrative records; including incident reports. As a result of the findings, a determination was made that the facility failed to be in compliance with State Regulations as evidenced by the deficiencies cited within this report.</p>	1 000		

Health Regulation Administration

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

STATE FORM

TITLE

(X6) DATE

6899

H14S11

If continuation sheet 1 of 10

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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 222	Continued From page 1	I 222		
I 222	<p>3510.3 STAFF TRAINING</p> <p>There shall be continuous, ongoing in-service training programs scheduled for all personnel.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that staff received ongoing training that enable them to perform their duties effectively, efficiently and competently for one of the one resident's in the investigation. (Resident #1)</p> <p>The findings include:</p> <p>1. Review of an Unusual Incident Report (UIR) dated June 29, 2009, on July 6, 2009 at approximately 9:00 a.m., revealed that on June 28, 2009, at approximately 9:00 p.m., Staff #1 was assisting Client #1 in the shower after he had a bowel movement and noticed a foreign object protruding from his rectum. After many unsuccessful attempts to wipe the object away, Staff #1 proceeded to pull the object out and discovered that it was a condom. The UIR further categorized the incident as an "Allegation of abuse (sexual). According to the UIR, Staff #1 reported the incident to the Residential Director (RC); who in turn, reported it to the QMRP, the Registered Nurse Coordinator, and the Licensed Practical nurse Coordinator.</p> <p>Review of the facility's Incident Management policy on June 30, 2009, at approximately 11:15 a.m. revealed that ... "in the event that the serious reportable incident is an allegation of abuse or neglect, the QMRP must assure all injuries alleged or suspected of being the result of any form of abuse or neglect, receive examination of the individual by a physician, or other medical</p>	I 222	<p>I 222</p> <p>1. The facility's nursing staff – RN Supervisor and the LPN were in serviced by the Director of Nursing on the Incident Management Policy and will work closely under the direction and supervision of the Director of Nursing.</p> <p>2. All staff were in serviced on the individual's BSP and 1:1 job expectations and description, by the psychologist and the QMRP.</p> <p>In the future the QMRP will ensure that all 1:1 staff adheres to the job description and have on going in service training on the BSP for this individual to ensure compliance.</p>	8/14/09

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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 222	Continued From page 2  professional qualified to make a medical assessment of the injury. "  Interview with Registered Nurse (RN#1) on June 30, 2009, at approximately 3:17 p.m. revealed that on June 28, 2009 at approximately 9:10p.m., she performed a visual and digital rectal examination on Resident #1. RN#1 indicated that her visual and digital rectal examination did not reveal any trauma, bruising, tears or swelling. Further interview revealed that RN#1 was advised by the Vice President of Operations (VPO) to transport the client back to Washington, D.C. for a medical examination.  [Note: RN#1 is not a Registered Sexual Assault Nurse Examiner (SANE) in Washington D.C.]  There was no evidence that the facility's nursing staff demonstrated competency in the implementation of the incident management policy.  2. The GHMRP failed to ensure that Resident #1's 1:1 staff remained in close proximity in accordance with his BSP as evidence below:  a. Interview with Staff #1 on July 1, 2009, at approximately 10:45 a.m. revealed that on the nights of June 27 and 28, 2009, he slept in a hallway around the corner from Resident #1's bedroom.  b. Interview with Staff #2 on July 1, 2009 at approximately 11:45 a.m. revealed that on the nights June 27 and 28, 2009 at approximately PM, he slept in an open large closet in Resident #2 and #3's bedroom.  Interview with the Qualified Mental Retardation	I 222		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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 222	Continued From page 3  Professional (QMRP) on June 30, 2009 at approximately 4:15 p.m., revealed Resident #1 received 1:1 staffing, 24 hours a day to manage maladaptive behaviors. (i.e. Self-injurious behavior, physical aggression, pica, and bolting). Further interview with the QMRP revealed that one of the primary duties of the 1:1 staff person was to remain within eyesight and/or arms length of Resident #1 at all times.  Review of Resident #1's Behavioral Support Plan (BSP) dated October 8, 2008 and Psychological Assessment dated June 12, 2008, on July 9, 2009 at approximately 1:39 p.m. confirmed targeted behaviors of self-injurious behavior, physical aggression, pica, and bolting. Further review of the BSP revealed that Resident #1 be provided with 24-hour para professional 1:1 staffing.  On July 9, 2009, at approximately 1:56 p.m., review of the facility's 1:1 job expectations for the group staff (undated) revealed the staff was expected to "remain in close proximity (arms length distance) at all times".  There was no evidence that the GHMRP staff demonstrated competency in the implementation of the Resident #1's BSP.	I 222			
I 229	3510.5(f) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;	I 229			

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/13/2009
NAME OF PROVIDER OR SUPPLIER  METRO HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 2268 SUDBURY ROAD, 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 229	Continued From page 4  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that staff remained in close proximity to residents in need of 1:1 staffing in accordance with the BSP for one of one resident included in the investigation. (Resident #1)  The finding includes:  1. Interview with Staff #1 on July 1, 2009, at approximately 10:45 a.m. revealed that on the nights of June 27 and 28, 2009, he slept in a hallway around the corner from Resident #1's bedroom.  2. Interview with Staff #2 on July 1, 2009 at approximately 11:45 a.m. revealed that on the nights June 27 and 28, 2009 at approximately PM, he slept in an open large closet in Resident #2 and #3's bedroom.  3. Interview with the Qualified Mental Retardation Professional (QMRP) on June 30, 2009 at approximately 4:15 p.m. revealed Resident #1 received 1:1 staffing 24 hours a day to manage maladaptive behaviors. (i.e. Self-injurious behavior, physical aggression, pica, and bolting). Further interview with the QMRP revealed that one of the primary duties of the 1:1 staff person was to remain within eyesight and/or arms length of Resident#1 at all times.  Review of Resident #1's Behavioral Support Plan (BSP) dated October 8, 2008 and Psychological Assessment dated June 12, 2008, on July 9, 2009 at approximately 1:39 p.m. confirmed targeted behaviors of self-injurious behavior, physical aggression, pica, and bolting. Further	I 229	I 229 All staff were in serviced on the individual's BSP and 1:1 job expectations and description, by the psychologist and the QMRP. In the future the QMRP will ensure that all 1:1 staff adheres to the job description and have on going in service training on the BSP for this individual to ensure compliance.	8/14/09

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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 229	Continued From page 5  review of the BSP revealed a recommendation that Resident#1 be provided with 24-hour para professional 1:1 staffing.  On July 9, 2009, at approximately 1:56 p.m. review of the facility's 1:1 job expectations for the group staff (undated) revealed the staff was expected to "remain in close proximity (arms length distance) at all times".  There was no evidence that the GHMRP staff demonstrated competency in the implementation of the Resident #1's BSP.	I 229		
I 379	3519.10 EMERGENCIES  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.  This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to 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 by telephone immediately as required by State Law for one of one resident in the investigation. (Resident #1)	I 379	I 379 The Incident Management Policy has been amended to reflect procedures to be followed with incident management within and outside of the individual's residential jurisdiction. In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction. All staff and management and nursing personnel were in serviced on the Incident Management policy – reporting procedures.	8/14/09

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/13/2009
NAME OF PROVIDER OR SUPPLIER  METRO HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 2268 SUDBURY ROAD, 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 379	Continued From page 6  The finding includes:  Review of an Unusual Incident Report (UIR) dated June 29, 2009, on July 6, 2009 at approximately 9:00 a.m. revealed that on June 28, 2009, at approximately 9:00 p.m. 1:1 Staff #1 was assisting Resident #1 in the shower after he had a bowel movement and noticed a foreign object protruding from his rectum. After many unsuccessful attempts to wipe the object away, Staff #1 proceeded to pull the object out and discovered that it was a condom. The UIR further categorized the incident as an "Allegation of abuse (sexual)". According to the UIR, Staff #1 reported the incident to the Residential Director (RC); who in turn, reported it to the QMRP, the Registered Nurse Coordinator, and the Licensed Practical nurse Coordinator. Further review of the UIR revealed that the Department of Health was notified on June 29, 2009, at 11:15 a.m.	I 379		
I 401	3520.3 PROFESSIONAL SERVICES: GENERAL PROVISIONS  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.  This Statute is not met as evidenced by: The GHMRP failed to provide professional services that included 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, for one of one resident in the investigation. (Resident #1)	I 401		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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 401	<p>Continued From page 7</p> <p>The finding includes:</p> <p>The GHMRP failed to ensure that Resident #1 received a timely sexual assault examination by a qualified Sexual Assault Nurse Examiner (S.A.N.E) in accordance with the establish standards of care for sexual assault victims. It was determined at the time of investigation that the facility's RN completed a visual and digital rectal examination on an alleged sexual abuse victim inappropriately without proper certification as evidenced below:</p> <p>On June 29, 2009, at approximately 11:15 a.m. the State Agency (SA) was notified (via telephone) by the Qualified Mental Retardation Professional (QMRP) that on June 28, 2009, at approximately 9:00 p.m. Staff #1 was assisting Resident #1 in the shower after he had a bowel movement and noticed a foreign object protruding from his rectum. After many unsuccessful attempts to wipe the object away, Staff #1 proceeded to pull the object out and discovered that it was a condom.</p> <p>On June 30, 2009, at approximately 3:17 p.m. interview with the facility's Registered Nurse (RN) revealed she was informed that Staff #1 removed a condom from Resident #1's rectum. The RN indicated she performed a visual and digital rectal examination on Resident #1 by initially inserting her index finger and then her thumb into resident's rectum.</p> <p>Further interview with the RN revealed she was a S.A.N.E. and was qualified to perform the examination. However, at no time during the examination was there any evidence collected.</p>	I 401	<p>I401</p> <p>The agency RN has been counseled on the Incident Management Policy and the inappropriate examination of the individual. The RN was also counseled on certification / expiration of her SANE status.</p> <p>In the future the Agency will ensure that all RN Supervisors will work under the direction of the Director of Nursing. See attached RN counseling form</p>	8/14/09

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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 401	Continued From page 8  On July 8, 2009 at approximately 1:54 p.m., interview with the Director of the S.A.N.E. Program, located in Washington, D.C., revealed that the Ocean City Maryland police department should have been notified immediately after the discovery of the condom. Further interview revealed that Resident #1 should have been transported to a medical facility to have a S.A.N.E. evaluation performed.  On June 30, 2009, at approximately 3:30 p.m. review of the Patient Discharge Instructions dated June 29, 2009, revealed Resident #1 was diagnosed with Sexual Assault and was provided with Post Sexual Assault Instruction. Client was administered 1 Gram of Zithromax and 250 mg of Flagyl while in the emergency room. Client #1 was also provided prescriptions for Lamivudine/Zidovudine and Lopinavir/Ritonavir for HIV (Human Immunodeficiency Virus) prevention.  There was no evidence the facility established systems to provide qualified health care services for Resident#1 in accordance with his needs.	I 401		
I 500	3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: Based on interviews and record review, the GHMRP failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137,	I 500		

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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 500	Continued From page 9  D.C. Code, Title 6, Chapter 19) that governs the care and rights of persons with mental retardation for one of one resident included in the investigation. (Resident #1)  The findings include:  Cross Refer to 3520.3. The facility failed to ensure that Resident #1 received a sexual assault examination by a qualified Sexual Assault Nurse Examiner (S.A.N.E) in accordance with the establish standards of care for sexual assault victims.	I 500	I 500  Several attempts were made to reach the parent of the individual once the incident was discovered but the QMRP was unable to reach the parent (mother) till the next morning at 10am. It was important to receive a consent from the parent in order to take the individual to the Eastern shore hospital, as permission was only obtained for Ocean City. The Agency had made the decision to safely accompany the individual back to his residential jurisdiction, and left Ocean City at 6am that morning, with the anticipation that consent could be obtained in transit, from the parent for the individual to receive an examination by a SANE, and the individual was taken to the ER directly. Transporting the individual to the closest hospital – on the Eastern Shore approx. 2hrs away without receiving a parent's consent would have been futile and procedures for obtaining a SANE exam would not be completed.  In the future the agency's governing body will ensure that the incident management policy is implemented within or outside the individual's residential jurisdiction.	8/14/09

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>
--	--

(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
--------------------	--	---------------	---	--------------------

R 000	<p><b>INITIAL COMMENTS</b></p> <p>On June 29, 2009, at approximately 11:15 a.m. the State Agency (SA) was notified (via telephone) by the Qualified Mental Retardation Professional (QMRP) that on June 28, 2009, at approximately 9:00 p.m. Staff #1 was assisting Resident #1 in the shower after he had a bowel movement and noticed a foreign object protruding from his rectum. After many unsuccessful attempts to wipe the object away, Staff #1 proceeded to pull the object out and discovered that it was a condom.</p> <p>On June 29, 2009, the State Agency (SA) received an Unusual Incident Report (UIR) via facsimile that documented the aforementioned information. The UIR further categorized the incident as an "Allegation of abuse (sexual). According to the UIR, Staff #1 reported the incident to the Residential Director (R.C); who in turn, reported it to the QMRP, the Registered Nurse Coordinator, and the Licensed Practical nurse Coordinator.</p> <p>An onsite investigation was initiated on June 30, 2009, to verify compliance with state regulatory requirements. During the investigation, the SA substantiated that Resident #1 was sexually abused. The SA also determined that the facility failed to ensure systems were implemented to ensure that all clients (Residents #1, #2, #3, #4, #5 and #6) were not subjected to potential abuse while the investigation was in progress.</p> <p>The findings of the investigation were based on observations at the group home, interviews with a resident, group home direct care staff, nursing and administrative staff, and review of resident and administrative records; including incident reports.</p>	R 000		
-------	--	-------	--	--

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Susan B. Skorn*

TITLE: *Compliance*

(X6) DATE: *8/14/09*

STATE FORM 0600 H14S11 If continuation sheet 1 of 2

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0131</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/13/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2268 SUDBURY ROAD, NW WASHINGTON, DC 20012</b>		
(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
R 125	<p><b>4701.5 BACKGROUND CHECK REQUIREMENT</b></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 the 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 checks, for one (10) out of seventeen(17) personnel.</p> <p>The finding includes:</p> <p>Review of personnel records on July 1, 2009, beginning at 2:09 p.m., revealed the criminal background checks for ten (10) out of seventeen (17) records did not reflect a full review of the jurisdictions in the state(s) where they currently reside or work on file. (The QMRP, the Residential Coordinator, Staff #2, #3, #4, #5, #6, #7, #12, #14))</p>	R 125	<p>R 125</p> <p>The Agency has a policy that all employees must have a background check completed for their jurisdictions of residence and past employment prior to employment.</p> <p>In the future the Agency will ensure that HR Department will adhere to this policy by completing monthly QA audits.</p> <p>The Agency is in the process of restructuring and hiring additional HR personnel.</p>	8/14/09