

PRINTED: 10/23/2009
 FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER L' ARCHE		STREET ADDRESS, CITY, STATE, ZIP CODE 2474 ONTARIO RD, NW WASHINGTON, DC 20009		
(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	INITIAL COMMENTS A licensure survey was conducted on September 16, 2009 through September 17, 2009. A random sample of three residents was selected from a resident population of two women and four men with various disabilities. The findings of the survey were based on observations, interviews with staff and residents in the home, as well as a review of resident and administrative records, including incident reports.	1 000	<p><i>Received 11/2/09</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> <p><i>RD did assessment 9/17/09 - when Medicaid waiver authorization came through. Medicaid waiver services ask provider to indicate frequency needed for updates and this</i></p>	
1 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that the resident with a modified diet had been reviewed at least quarterly by the consulting dietitian for one of the three residents (Resident #2) included in the sample. The finding includes: Review of Resident #2's record on September 17, 2009 at 4:03 PM revealed a nutrition update dated May 1, 2008. According to the update, Resident #2 had been seen by his Primary Care Physician (PCP) in April 7, 2009 who "stated the need for a weight reduction diet. Because of his heart condition and h/o hemorrhoids, his diet should be a low salt diet because of his heart disease." Review of the resident's physician's order	1 043		

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

Barbara Ryan
 PROVIDER
 DATE

HGDP11

Continuation sheet 1 of 12

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1043 Continued From page 1
revealed Resident #2 was prescribed a low fat, low cholesterol, high fiber diet. It should be noted that the order did not include low salt as order by the resident's PCP.

Interview with the Program Director on September 17, 2009, at approximately 3:14 PM revealed that in addition to being the program director, she was also the group home's nutritionist. She confirmed that she was aware that the nutrition quarters had not been conducted.

At the time of the survey, the GHMRP failed to show evidence that a dietitian or nutritionist had reviewed Resident #2's modified diet plan since October 2008.

1043
Nutritionist indicated they were needed every 6 months. It appears MW rules, and Chap 35 are not in agreement. Some assessment of need for every 6 mos. was made by professional, based on the specific case, we would like to follow this assessment.
At next PCP visit we will ensure that all diet orders match. In addition there is serious concern that during quarterly assessments, when only 6 months is indicated (and charging Medicaid Fraud) cup dispenser will be in place by 11/15/09. We will ask ISP team for recommendations that

1082 3503.10 BEDROOMS AND BATHROOMS

Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.

This Statute is not met as evidenced by: Based on observation and interview, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure all bathrooms were equipped cup dispensers.

The finding includes:

Observation of the GHMRP's environment and interview with the facility Director of Quality Assurance on September 16, 2009 at 12:15 p.m. revealed the second floor bathroom utilized by the residents, failed to have a cup dispenser for

1082
frequency of visits be every 6 months or as determined by R.D. This will then satisfy Chap. 35 requirement

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1082 Continued From page 2
its disposable cups.

This finding was acknowledged by the Director of Quality Assurance which indicated would be addressed.

1082

1090 3504.1 HOUSEKEEPING

The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.

1090

This Statute is not met as evidenced by:
Based on observation and interview, the Group Home for Mental Retarded Persons' (GHMRP) failed to ensure the interior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner for six of six residents residing in the facility. (Residents #1, #2, #3, #4, #5, #5)

The findings include:

Observation of the GHMRP's environment and interview with the facility Director of Quality Assurance on September 16, 2009, at 12:20 p.m. revealed the following:

Interior

1. The second floor bathroom utilized by the residents, had a very strong urine smell.
2. Five of five bathrooms inspected, had trash cans with no lids.
3. The kitchen trash can lid was broken.

① The practice is that this bathroom + toilet is to be cleaned daily. This will be remediated by staff supervision. Rug will be replaced by rubber mat which is more easily cleaned. Since individuals in the

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③ Kitchen lid broken. This will be replaced by 11/15/09

HG0P11

(Continuation sheet 3 of 12)

time has incontinence issues in messes toilet, this area will also be cleaned PRN, Urinals will also be cleaned daily.

⑤ It is important that individuals with disabilities be able to use.

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1090	Continued From page 3 The Director of Quality Assurance acknowledged that all of the aforementioned environmental issues listed above needed to be addressed.	1090	trash cans independently. If there are lids this would not be possible. There is no re-quirement for lids. Baskets are emptied regularly.	
1203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on review of personnel records the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the contents of job descriptions was reviewed with two of fourteen personnel records reviewed. (Staff #2 and #7) The finding includes: Review of the personnel records on September 16, 2008, at 1:50 p.m., revealed job descriptions had not been reviewed or discussed with Staff #2 and Staff #7. This was acknowledged by the Program Director at approximately 2:00 p.m.	1203	Both role descriptions for Staff #2 & #7 have been reviewed, signed and dated and filed. This signing + dating of role descriptions happens at time of annual evaluation but in this case had not happened.	
1379	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	1379		

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1379	Continued From page 4 twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and review of the incident reports, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that all incidents that presented a risk to residents' health or safety were reported immediately to the Department of Health (DOH), Health Regulation Administration, for one of the three residents (Resident #4) included in the sample. The finding includes: Review of the GHMRP's incident reports on September 16, 2009 beginning at 9:33 a.m., revealed an incident report dated February 6, 2009 involving Resident #4. According to the incident report, Resident #4 was seen by his pulmonary specialist on February 5, 2009. According to the report, the resident was fatigued, had elevated respirations and his movement limited. Continued review of the report revealed Resident #4 was transported to the emergency room and diagnosed with pneumonia. At the time of the survey, there was no documented evidence that the GHMRP notified the Department of Health (DOH) of all unusual incidents that substantially interfered with Resident #4's welfare and being at risk.	1379	<i>There is evidence in MCI's system (where we must report incidents) that [redacted] of DOH was called. Details of the incident were given to her. Report was also faxed to DOH. Perhaps it was misplaced by DOH.</i>	
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1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of	1401	<i>Resident #3 has been seen by a gastro-entewlogist and surgery for history</i>	
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1401 Continued From page 5

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: Based on observation, interview, and record review, the Group Home for Mentally Retarded Person's (GHMRP) failed to ensure the annual medical assessment included a diagnosis and evaluation for one of the three residents (Resident #3) included in the sample.

The finding includes:

Observation on September 16, 2009, at 6:34 p.m. revealed Resident #3 eating his dinner. The residents was served pork chops, mash potatoes and mixed vegetables. Resident #3's meal was observed to be pureed. Interview with the assistants (direct care staff) revealed that the resident experiences problems with his stomach and was given something different to eat for his dinner. According to the assistants, the resident's meal consisted of spinach, zucchini and some other vegetables that he likes.

Review of Resident #1's medical record on September 17, 2009 at 6:31 p.m. revealed a medical assessment dated February 2, 2009. Continued review of the assessment revealed the Primary Care Physician indicated that the resident was prescribed a regular diet. Further review of the assessment failed to include the resident's diagnosis and evaluation. Additionally, the PCP failed to identify any of the resident's developmental needs. It should be noted that review of the resident's physician's order on September 17, 2009 at 7:04 p.m. revealed the resident had a history of bowel

1401

of small bowel obstruction. He has been on pureed diet since mid 1990's and also one admission to L'Arche. His PCP has been crossout in his assessments and L'Arche is seeking a new PCP who will give more detailed care. There is computerized diet order for pureed diet in his records and this is what is followed + approved by GT Dr. & Surgeon. We will seek new PCP. ~~_____~~ and want that is assessment, documentation of diagnosis and diet or does are specific.

So, there is a plan for correction / PCP "failure" to include diagnosis + identify issues. However, there has been

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1401 Continued From page 6
 obstruction. Review of the incident reports on September 16, 2009 at 12:44 p.m. revealed Resident #3 had been hospitalized on February 18, 2009 and diagnosed with small bowel obstruction.
 At the time of the survey, the GHMRP failed to ensure Resident #3's annual medical assessment included his diagnosis and to identify any services needed to prevent deterioration or further loss of function.

1401
 new thorough attention to series carried out "preventing deterioration" - further loss of function. See Gastroenterology notes (redacted) and surgeon (redacted)

1403 3520.5 PROFESSION SERVICES: GENERAL PROVISIONS
 Each professional service provider shall participate on each resident's interdisciplinary team as appropriate to the resident's Individual Habilitation Plan.
 This Statute is not met as evidenced by: Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the participation of the Psychologist/Behavior Specialist in the interdisciplinary team process, in planning and reviewing recommendations to use restrictive measures for one of the three residents (Resident #1).
 The finding includes:
 Observation of the morning medication administration on September 16, 2009, at 8:13 a.m. revealed Resident #1 received medications including Sertraline 25 mg, and Sertraline 100 mg. Interview with the trained medication employee (TME) on September 29, 2008, revealed the aforementioned medications were used in conjunction with a Behavior Support Plan

1403
 The need for monitoring kraut was discussed at length with family and reviewed by DDS, RCRC (restrictive control review committee) - [redacted] P+Rg attended meeting at L'Arche 9/26/08 with Di's guardian (redacted) and brother (redacted) on speaker phone.

They approved kraut and RCRC also approved it 10/3/08. BSP by psychologist was therefore approved by team before official ISP

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1403	<p>Continued From page 7</p> <p>(BSP) to manage behaviors.</p> <p>Review of the resident's record on September 17, 2009 at 8:05 p.m. revealed a psychological assessment dated November 25, 2009. Continued review of the assessment reveals that Resident #1 had exited the home and was lost for three hours in June 2008. According to the assessment, a bracelet monitor was recommended for the resident to wear to activate the group home's alarm system whenever she exited the facility.</p> <p>Further review of the resident's record revealed an Individual Support Plan (ISP) dated December 11, 2008. Review of the signature page of the ISP failed to reflect evidence of the psychologist or behavior specialist present at the resident's Individual Support Plan meeting. At the time of the survey, there was no documented evidence that the psychologist or behavior specialist participated in Resident #1's interdisciplinary team process, in planning and reviewing the need for restrictive measures.</p>	1403	<p>ISP 7/12/08 shows discussion and approval of bracelet (See Section: Rights Restrictions)</p> <p>There is no requirement that psychologist attend ISP meeting. All required documents and consents had been obtained. Psychologist had just to be sure there is no question, I have obtained another written consent from guardian.</p>	
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1407	<p>3520.9 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Mentally Retarded Persons' (GHMRP) Nutritionist failed to provide evidence of a written quarterly report for one of the three residents (Resident #2) included in the sample.</p>	1407	<p>At time of 2008 ISP, MS was begun of Med. waiver Nutrition services were applied for and authorization not received til 6/17/09. Nutr. assess. was completed 10/12/09</p>	
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Nutritionist
 reviewed
 10/12/09
 "measures"

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I 407 Continued From page 8

The finding includes:

1. Observation of Resident #2 on September 16, 2009, at 5:35 PM revealed the resident was obese. Review of the resident's medical record revealed a September 2009 physician's order (POs) that indicated the resident was prescribed a lowfat, low cholesterol, high fiber diet.

Review of Resident #2's record on September 17, 2009 revealed a Nutritional Assessment dated May 1, 2008. Further review of the assessment revealed a recommendation to weigh the resident monthly. Continued review of the record revealed there was no evidence of a nutritional quarterly since October 2008.

At the time of the survey, there was no documented evidence that the nutritionist provided any quarterly reviews after October 2008 for Resident #2.

2. Review of Resident #2's record revealed a psychological assessment dated November 30, 2008. Further review of the assessment revealed the following objectives was recommended for behavior support:
 - (1) will maintain incidents of verbally offensive/aggressive behaviors at one incident or fewer per month for 12 consecutive months;
 - (2) will maintain incidents of physical aggression defined as pushing or shoving others and;
 - (3) will maintain incidents of overeating including taking more than the portion agreed upon, yelling or lunging at food or pushing someone out of way to one incident or fewer in six consecutive

I 407

and R recommended follow up every 6 months, instead of quarterly. Since 6 months is sufficient, there is concern that seeing him quarterly and charging Medicaid could be deemed Medicaid fraud. Professional opinion of R is that he be seen 6 months. He will be seen again 4/10

BSP was reviewed/updated preparator for his ISP. BSP update: 4/17/09. Quarterly reviews for Feb-April & May-July have been obtained and are in file. Psychologist to tickler when reviews are due

and receives reminders to advance them. We will continue to provide timely reminders to psychologist

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1407	Continued From page 9 months. Continued review of the assessment revealed a recommendation to complete quarterly psychology progress notes. The resident's record revealed the last quarterly was dated October 2008. At the time of survey, the GHMRP failed to obtain a quarterly review from the psychologist as recommended.	1407	In addition in Oct 2008, MS had Diagnostic Assessment Report done by psychologist (which monitor did not see)	
1500	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 observations, interviews and record review, the Group Home for Mentally Retarded Persons' (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, D.C. Code, Title 6, Chapter 19) that governs the care and rights of persons with mental retardation for one of the three residents (Resident #1) included in the sample. The finding includes: The GHMRP failed to ensure that informed consent was obtained from Resident #1 and/or her legal guardian prior to the implementation of a bracelet monitor. Observation of the morning medication administration on September 16, 2009, at 8:13 a.m. revealed Resident #1 received medications	1500	See response to #403 3520.5 - showing that rights were observed and consents obtained.	

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1500	<p>Continued From page 10</p> <p>Including Sertraline 25 mg, and Sertraline 100 mg. Interview with the medication trained medication employee (TME) on September 28, 2008, revealed the aforementioned medications were used in conjunction with a Behavior Support Plan (BSP) to manage behaviors.</p> <p>According to the Director of Quality Assurance (DQA) Resident #1 had a family member (mother) that had agreed to assist her in decision making. Additionally, the mother was the resident's legal guardian. Review of the resident's record on September 17, 2009 at 6:05 p.m. revealed a psychological assessment dated November 25, 2008. Continued review of the assessment revealed that Resident #1 had exited the home and was lost for three hours in June 2008. According to the assessment, a bracelet monitor was recommended for the resident to wear 24/7. Further review of the assessment revealed that whenever the resident would attempt to exit the group home the bracelet would activate the home's alarm system.</p> <p>Interview with the program director (PD) on September 17, 2009 at 11:58 was conducted to ascertain information regarding consent for the bracelet monitor. The PD confirmed that the resident was wearing the bracelet monitor 24/7 however, did not have consent for the bracelet. The PD further indicated that the bracelet monitor was discussed at the resident's ISP meeting in which Resident #1's mother was present.</p> <p>The PD proceeded to obtain a copy of the signature page and indicated the recommendation for the bracelet was discussed. Review of a section of the signature page entitled "summary of meeting" revealed the interdisciplinary team's recommendations accepted included the</p>	1500		

The PD did not say that there were no consents from guardian. See discussion of this #403 3520.5

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1500	Continued From page 11 resident's goals and a waiver for fitness. Additionally, they considered dance therapy and art therapy. There was no documented evidence that the bracelet monitor was discussed in the meeting. At the time of the survey, there was no documented evidence that the GHMRP specially constituted committee ensured that the written informed consent had been obtained from Resident #1's guardian prior to the resident wearing a bracelet monitor.	1500	On the ISP document under "Rights Restriction" Section X there is evidence that this was discussed at meeting.	