

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

PRINTED: 04/14/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2010
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NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 25 MADISON STREET NE WASHINGTON, DC 20011
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 000 INITIAL COMMENTS

An initial recertification survey was conducted from April 8, 2010 through April 9, 2010. The survey was initiated using the full survey process. A random sample of three clients was selected from a population of six male clients with various levels of mental retardation and disabilities.

The findings of the survey was based on observations at the group home and two day programs, interviews with clients and staff and the review of clinical and administrative records including incident reports.

W 455 483.470(l)(1) INFECTION CONTROL

There must be an active program for the prevention, control, and investigation of infection and communicable diseases.

This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure proper infection control procedures, for one of the six clients residing in the facility. (Client #3)

The finding includes:

The facility's nursing staff failed to ensure infection control standards were used during the medication administration as evidenced below:

During the medication observation on April 8, 2010, at 5:02 p.m., Client #3 was observed punching medications from several bubble packs, requiring hand over hand assistance from the licensed practical nurse (LPN). One pill dropped onto the table. The licensed practical nurse said to the client, "pick that pill up." The client was observed picking up the pill and placing it into the

W 000

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

W 455

A detailed in-service training on Infection Control was done with the nurse in question and other nursing staff on 4/9/10. Staff were reminded of the modes about the spread of infection and ways to break the chain of infection. Hand washing of nurses and individual is a must before starting medication administration. Preparing the work area (table) either by sanitizing or spreading a clean towel /paper towel so in case a pill falls, the individual is free to pick it up and take it. Proper way of discarding medication (in case it is soiled) and notification to supervisor and PMD if needed was discussed. Registered nurse in charge will do unannounced spot check during medication administration time to ensure that above is followed. *see attachment A1 - A7.*

04-09-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mauritawan</i>	TITLE <i>Deputy Director</i>	(X8) DATE <i>4/19/10</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 455	Continued From page 1 medication cup. The client was observed pouring a cup of water and consuming the medications. The medication nurse was observed standing to the right of the client during the medication administration. There was no evidence that proper infection control procedures were implemented during the medication administration.	W 455	

Health Regulation Administration

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1 000	<p>INITIAL COMMENTS</p> <p>An initial recertification survey was conducted from April 8, 2010 through April 9, 2010. The survey was initiated using the full survey process. A random sample of three residents was selected from a population of six male residents with various levels of mental retardation and disabilities.</p> <p>The findings of the survey was based on observations at the group home and two day programs, interviews with residents, staff and the review of clinical and administrative records including incident reports.</p>	1 000		
1 206	<p>3509.6 PERSONNEL POLICIES</p> <p>Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure each staff and consultant had current health certificates, for one of the fourteen staff, one nurse and two consultants.</p> <p>The finding includes:</p> <p>Interview with the qualified mental retardation professional (QMRP) and review of the personnel records on April 8, 2010, beginning at 2:00 p.m.,</p>	1 206		

Health Regulation Administration

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

Maura Lujan

TITLE
Deputy Director

(X6) DATE

4-19-10

STATE FORM

6899

BOVG11

If continuation sheet 1 of 2

Health Regulation Administration

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I 206	Continued From page 1 revealed the GHMRP failed to have evidence of current health certificates for one staff, two consultants and one nurse.	I 206	Current health certificates for one staff, two consultants and one nurse were received and attached. In future, DCHC Inc will ensure that current certificates will be in place/file. See Attachment B1-B6	4-19-10