PRINTED: 08/06/2009
FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD12-0074	A. BUILDING _____ B. WING _____	07/29/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL CARE	2820 HARTFORD STEET, SE WASHINGTON, DC 20020

(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 000	INITIAL COMMENTS A licensure survey was conducted from July 27, 2009 through July 29, 2009. A random sample of three residents was selected from a population of three female and two male residents with various levels of mental retardation and disabilities. The findings of the survey was based on observations at the group home, interviews with staff and a guardian, and the review of clinical and administrative records including incident reports.	I 000	Received 8/17/09 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
I 062	3502.20 MEAL SERVICE / DINING AREAS Dishes and eating utensils shall be cleaned after each meal and stored to maintain their sanitary condition. This Statute is not met as evidenced by: Based on observation and staff interview, the Group Home for the Mentally Retarded (GHMRP) failed to enact and enforce the necessary measures to ensure the sanitary conditions of all eating/serving utensils, for six of the six residents residing in the facility. (Residents #1, #2, #3, #4, #5, and #6) The finding includes: On July 27, 2009, direct care staff was observed washing dishes in the sink from the snack and dinner meal at respectively 5:00 PM and 7:30 PM. The dishes were placed in the dish drying rack and the cups were placed on a dish towel. Interview with the direct care staff on July 28, 2009, at approximately 4:00 PM revealed that the dishwasher was broken and will be replaced. Further interview revealed that the direct care	I 062	3502.20 A new dishwasher has been purchased. Staff has been trained on proper dishwashing and sanitation using approved standards. Staff will be in-serviced upon hire and at least annually. Home manager and QMRP will provide oversight during weekly monitoring to ensure that dishes are properly washed and sanitized. 8-15-09.	

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I 062	Continued From page 1 staff used dish detergent only and no bleach agent had been added for santizing. During the environmental inspection on July 29, 2009, at 11:55 AM six plastic drinking cups were stored in the cabinet above the sink. The cups had moisture in them. In addition, a cooking pan was observed with to be extremely worn and rusted. The facility's House Manager indicated she was not aware there was worn pans/or rusted pans being stored in the cabinet. She further indicated that all cooking and dinner ware should be maintained, cleaned and stored properly. There was no evidence presented at the time of survey to substantiate that the (GHMRP) had maintained sanitary conditions for their cups and cooking materials.	I 062	3502.20 Staff has been trained on proper air drying of dishes on the dish rack. A bigger dish rack has been purchased. Rusted pans have been discarded and new ones purchased. Monthly environmental audits by the home manager will ensure that all utensils are in good condition. 8-17-09.	
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for the Mentally Retarded (GHMRP) failed to conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift, for six of six residents residing in the GHMRP. (Residents #1, #2, #3, #4, #5 and #6) The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the staffing pattern on July 28, 2009 at approximately 11:00	I 135	3505.5 Firedrills are held on each shift at least quarterly, however records were misplaced by previous home manager. A new system is in place to ensure that all fire drills are properly filed and can be located even with personnel changes.	

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I 135	Continued From page 2 AM revealed the following staffing pattern: Sunday - Saturday 7:00 AM - 3:00 PM; 3:00 PM -11:00 PM; and 11:00 PM - 7:00 AM. Review of the fire drill log from June 2008 through June 2009 evidence no fire drill records available for review for that time period. There was no evidence that the facility held fire drills at least quarterly for each shift of personnel.	I 135	A new fire drill schedule has been developed and placed in the fire drill book that stipulate dates for drills on each shift. Home manager and QMRP will monitor drills monthly to ensure that they are done in a timely manner. 8-17-09	
I 189	3508.7 ADMINISTRATIVE SUPPORT Each GHMRP shall maintain records of residents ' funds received and disbursed. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for the Mentally Retarded (GHMRP) failed to maintain each resident's funds received and disbursed, for one of the three residents included in the sample. (Resident #3) The finding includes Interview with the House Manager (HM) and review of the facility's financial records on July 29, 2009, at 9:43 AM revealed that the facility assisted Resident #3 with maintaining her finances. Continued interview and record review revealed that the resident received Supplemental Security Income (SSI) in the amount of $100.00 monthly. The review of the bank statements from July 2008, through June 2009, revealed a withdrawal on January 27, 2009, in the amount of $360.00. There were no receipts to substantiate how the monies were spent.	I 189	3508.7 $360.00 was taken out for purchase of a television, and the receipt has now been located and appropriately filed. In the future, QMRP will ensure that all withdrawals from individual accounts are reconciled and filed timely, and that they match the monthly bank statements. 8-14-09	

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I 189	Continued From page 3 At the time of the survey, the facility failed to provide evidence that justified the withdrawals/expenditures from Resident #1's personal account.	I 189		
I 206	3509.6 PERSONNEL POLICIES 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. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for the Mentally Retarded (GHMRP) failed to achieve compliance with state regulations pertaining to health (22DCMR 35, section 3509.6), for four of the twelve consultants. The finding includes The State regulatory agency conducted a review of personnel records on July 28, 2009, at approximately 11:00 AM, at which time there was no evidence of current health certificates on file for four of the twelve consultants (Psychologist, Primary Care Physician, Psychiatrist and the Physical Therapist). Interview with the Qualified Mental Retardation Professional (QMRP) July 28, 2009 at 3:30 PM confirmed the missing health certificates were not available.	I 206	3509.6 Health certificates for the four consultants have been obtained and filed. In the future, the new human resources manager will perform quarterly personnel file audits and request all needed documents to ensure compliance. 8-20-09	

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I 229	Continued From page 4	I 229	3510.5(f)	
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; This Statute is not met as evidenced by: Based on interview and record review, the Group Home for the Mentally Retarded (GHMRP) failed to ensure staff were trained on sexuality, for twelve of twelve direct care staff personnel records reviewed. (Staff #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #12) The finding includes: Review of the personnel training records on July 28, 2009, at approximately 1:30 PM revealed no evidence of training for sexuality. Subsequent interview with the Qualified Mental Retardation Professional later that day indicated that there was no indication of sexuality training.	I 229	All staff are scheduled to receive training in sexuality on 8-28-09. All staff will receive sexuality training upon hire, and at least annually. An annual training schedule will ensure that all required training is implemented. 8-28-09	
I 291	3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on record review, the Group Home for the Mentally Retarded (GHMRP) failed to ensure each residents nursing assessments were signed, for one of the three residents in the facility. (Resident #3)	I 291	3514.2 Nursing assessment for resident #3 has been signed, Director of nursing will conduct a quarterly audit to ensure that all nursing assessments are properly completed. The assessment for resident #2 has been completed and signed, and the DON will provide oversight to ensure that all nursing assessments are completed and signed for all individuals. 8-17-09	

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I 291	Continued From page 5 The finding includes: Review of Resident #2's medical record on July 29, 2009, at 9:00 AM revealed a nursing assessment dated March 3, 2009. However the assessment was not signed by the person completing the assessment.	I 291		
I 401	3520.3 PROFESSION 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: Based on observation, interview and record review, the Group Home for the Mentally Retarded (GHMRP) failed to ensure evaluations were conducted, for two of the three residents included in the sample. (Residents #2 and #3) The findings include: 1. The facility failed to assess Resident #2's behavior (non-compliance) to determine it's cause and develop strategies for implementation to address the behavior. On July 28, 2009, at 9:00 AM, Resident #2 was observed sleeping in her bed. The resident woke up at 11:30 AM and received her breakfast. Interview with the Licensed Practical Nurse (LPN), Qualified Mental Retardation Professional (QMRP) and House Manager at 9:15 AM	I 401	3520.3 1. The IDT discussed non-compliance at the July medication review meeting. The recommendation was for the psychologist to revise resident #2's BSP to include non-compliance to daily activities, and include strategies for implementation. The psychologist will revise the BSP and provide staff training by 8-31-09.	

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I 401	Continued From page 6 indicated that the client refused to prepare for day program. Further interview revealed that her behavior of non-compliance occurrs often. Review of Resident #2's record on July 28, 2009, at 2:00 PM revealed a Behavior Support Plan (BSP) dated November 8, 2008. The BSP addressed the target behaviors of physical aggression, verbal aggression and non-compliance with medical support and appointments. According to Resident #2's behavior data sheets there were many incidents documented of the clients refusals to participate. There was no evidence that the Resident #2's non-compliant behavior had been assessed or addressed by the Interdisciplinary Team. 2. Review of Resident #3's medical record on July 28, 2009 at 9:00 AM revealed a nursing assessment dated March 3, 2009. Interview with the Licensed Practical Nurse (LPN) on the same date at approximately 10:00 AM, indicated that nursing quarterly reviews are completed by the Registered Nurse (RN) and should be conducted quarterly. Further review of Resident #3's medical record revealed no evidence of a direct physical examination by the RN. 3. On July 27, 2009 at 5:00 PM, Resident #3 was observed to be obese. During dinner observations at 6:45 PM, Resident #3 was observed eating a meal in a pureed texture. Review of Resident #3's medical record on July 28, 2009, at 9:00 AM, revealed a diet order of low sodium, low cholesterol, lactose free, high fiber	I 401	2. Assessments have been completed for resident #2, and #3. The DON will provide quarterly reviews to ensure that all assessments are completed timely, and recommendations followed. 8-17-09	

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I 401	Continued From page 7 pureed diet. Further review of a nutritional assessment dated March 15, 2009, on July 28, 2009, at 9:47 AM revealed a recommendation to change the resident's diet to 1800 low sodium, low cholesterol, lactose free, high fiber pureed. According to the nutritionist first quarterly review dated June 2009, it was again recommended to change Resident #3's diet to 1800 calorie. Interview with the LPN at approximately 10:30 AM revealed no evidence of the recommended change. There was no evidence that the Primary Care Physician address the recommended diet for Resident #2.	I 401	3. Resident #2's diet has been reviewed by the primary care physician and has been added to the physician orders. In the future, DON will conduct reviews to ensure that new orders are reviewed by the PCP and implemented in a timely manner. 8-13-09.	
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for the Mentally Retarded (GHMRP) failed to ensure habilitation, training and assistance was provided to its residents in accordance with their Individual Habilitation Plans (IHP), for three of the three residents included in the sample. (Residents #1, #2 and #3) The findings include: 1. Interview with the Qualified Mental Retardation Professional (QMRP) on July 27, 2009, at approximately 5:00 PM revealed that Resident #1 was admitted to the facility on June 12, 2009. The QMRP further stated that the resident's IHP and Individual Program Plan (IPP) was accepted as written. According to the QMRP, a 30 day	I 422		

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I 422	Continued From page 8 meeting was held on July 24, 2009, and new programs were accepted by the IDT. Review of Resident #1's IPP dated July 24, 2009, on July 29, 2009, at 10:00 AM revealed the following programs: - "[The resident] will activate his communication device to appropriately communicate with staff assistance daily (I want to go outside, please?, Can I have something to drink, and May I have something to eat, please;" - "three time a week, [the resident] will participate in a tabletop activity of his choice on 80% of the times recorded per month for six months"; - "twice a month while shopping, [the resident] will hand the cashier money to pay for his shopping given physical assistance 75% of trials recorded." - "three times a week, [the resident] will bathe his upper body with verbal assistance from staff on 50% of trials in a six month period." Further interview with the QMRP and review of the resident's records failed to provide evidence that the aforementioned program objective had been implemented. 2. Review of Resident #3's records on July 28, 2009, at 10:20 AM revealed the resident had an Individual Support Plan (ISP) dated March 9, 2009. Interview with the Qualified Mental Retardation Professional (QMRP) on July 28, 2009, and further review of Resident 3's record revealed that at the time of the ISP meeting, the interdisciplinary team recommended program objectives including the following:	I 422	3521.3 1. All goals and objectives accepted by the team were placed in the program book, and staff had been trained. Implementation of goals had begun, however since it was near the end of the month, QMRP dated the data collection sheets for the next month. Documentation began on 8-1-09. In the future, QMRP will implement the goals and documentation within three days of acceptance by the team. 8-01-09	

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I 422	Continued From page 9 "[the resident] will utilize back washing brush to assist in washing her lower body during bathing with stand by assistance on 80% of trials recorded per month." Further interview with the QMRP and review of the resident's records failed to provide evidence of a current data sheet. There was no evidence that the QMRP implemented the bathing program. 3. On July 27, 2009 and July 28, 2009, during observations, Resident #2 was observed using a walker to ambulate throughout the facility. Interview with direct care staff indicated that the "[the client] always walks as if she is in a rush." Review of Resident #2's IPP dated March 9, 2009,on July 28, 2009, at 2:00 PM revealed an objective which stated, "with staff assistance, [the resident] will participate in lower extremity exercise five days a week." Review of the program data sheet there was no evidence that the program was being implemented as written. The data sheet indicated that the resident will perform balance exercise for five repetitions daily at 100% accuracy for three months. The steps included catch/throw a ball and kicking. Interview with the QMRP on July 28, 2009, at 4:00 PM indicated that kicking was a part of the lower extremity exercises.	I 422	2. Resident #3's backwashing program is now being implemented and documented. Home manager will review program book weekly and QMRP will do so monthly to ensure that data sheets for all program goals are in the book, and implemented correctly. 3. The physical therapist has now provided the appropriate data sheet for documenting lower extremity exercises. In the future, the QMRP will review program sheets to ensure that all data collection sheets match the objectives. 8-14-09	
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation	I 424		

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I 424	Continued From page 10 Plan; This Statute is not met as evidenced by: Based on staff interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise the Individual Program Plan (IPP) once the resident had successfully completed an objective identified in the IPP, for one of the three residents in the sample. (Resident #2) The finding includes: Review of Resident #2's IPP dated March 9, 2009, was reviewed on July 28, 2009, at 2:00 PM. The resident had a program objective which stated, "[the resident] will utilize back washing brush to assist in washing her upper body during bathing with assistance on 90% of trials recorded per month." Record verification of the QMRP quarterly reviews dated June 2009, on July 28, 2009, at 3:45 PM indicated that the resident achieved the established criteria since April 2009. At the time of the survey, the QMRP failed to revise Resident #2's program objective once she met the established criteria.	I 424	QMRP has reviewed the programs for #2's objective to wash upper body, and revised the objective to include lower body. QMRP will ensure that all met criteria are revised or discontinued. 8-31-09	
I 426	3521.5(c) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client: (c) Is failing to progress toward identified objectives after reasonable efforts have been made; This Statute is not met as evidenced by: Based on record review, the Qualified Mental	I 426		

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I 426	Continued From page 11 Retardation Professional (QMRP) failed to revise objectives identified in the individual program plans (IPPs) that had not been achieved, for one of three residents in the sample. (Resident #3) The finding includes: Review of Resident #3's IPP dated March 9, 2009 on July 28, 2009, at 10:17 AM revealed an objective which stated, "[the client] will touch a switch to activate a message, "I would like a drink, please and when asked "what do you want?" with 10% independence in six months. Review of the QMRP quarterly reviews dated November 2008, February 2009 and May 2009, the resident required hand over hand assistance or refused on 100% of the recorded trials. There is no evidence that the QMRP revised the program objective.	I 426	3521.5 Program objective for resident #3 to touch switch to activate a message has been reviewed and discontinued as a formal goal, and kept as an informal goal as #3 will always require hand over hand and will never progress to independence. In the future, QMRP will revise objectives in a reasonable time not to exceed 3 months of achievement or non progress. 8-31-09	
I 484	3522.11 MEDICATIONS Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to promptly destroy prescribed medication that had reached the expiration date, for one of the six residents residing in the facility. (Resident #4) The finding includes: Inspection of the medication supply cabinet on July 29, 2009, at 10:14 AM, revealed a medication package of Hemorrhoidal suppository for Resident #4. Further review revealed that the	I 484	3522.11 Medication has been properly discarded. Medication cabinet is usually cleaned at the end of the month. It was due to be cleaned on 7/29/09, and the medication expired 7/28/09. In the future, the DON will ensure that expired medication is properly discarded as soon as it expires, and not wait till the end of the month. 8-14-09	

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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) COMPLETE DATE
I 484	Continued From page 12 medication had an expiration dated of July 28, 2009. Interview with the Licensed Practical Nurse (LPN) confirmed the expiration date on the Hemorrhoidal suppository.	I 484		
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 observation, staff interview and record review, the Group Home for the Mentally Retarded (GHMRP) failed to ensure the rights of residents were observed and protected in accordance with D.C. Law 2-137 (Rights of Mentally Retarded Citizens), this chapter, and other applicable District and Federal Laws, for one of the three residents included in the sample. (Resident #2) The finding included: The facility failed to ensure that informed consent was obtained from Resident #2 and/or his legal guardian prior to the administration of his psychotropic medications. a. Medication administration observation on July 27, 2009, at 6:15 PM revealed that Resident #2 received Seroquel 200 mg. Interview with the Licensed Practical Nurse (LPN) during the medication administration indicated that the resident received the aforementioned medication	I 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD12-0074	A. BUILDING _____ B. WING _____	07/29/2009

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I 500	Continued From page 13 for her maladaptive behaviors. During the entrance conference on July 27, 2009, at approximately 5:30 PM, an interview conducted with the Qualified Mental Retardation Professional (QMRP) revealed the Resident #2 did not have the capacity to give informed consent for the use of medications and habilitation services. Further interview revealed the resident had a court appointed legal guardian to assist her in medical decision making. Review of Resident #2's record on July 29, 2009, at 1:32 PM revealed a diagnostic assessment dated March 17, 2009, that verified the QMRP's statement. According to the assessment, Resident #2 "is not able to make independent decisions concerning her residential or day placements. She lacked the cognitive skills necessary to understand the implications of such decisions and therefore cannot give her informed consent. She lacks the judgment and insight required to make decisions independently." Review of the Resident #2's medical record and additional interview with the QMRP on July 28, 2009, at approximately 2:00 PM failed to provide evidence that the residents' treatment needs, including the benefits and potential side effects associated with her medications, and the right to refuse treatment, had been explained to her and/or a legally authorized representative.	I 500	3523.1 Consents are obtained for all psychotropic medications and when changes occur. The Guardian for #2 was made aware of all medications, including benefits and potential side effects, and he was due to come to the group home to sign the consent form. The consent forms and side effect of medications have been mailed to the Guardian. In the future the QMRP will ensure that all consents are signed in a timely manner, by having the guardians sign at the annual ISP meeting, or obtaining signatures by fax. 8-31-09.	