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07/06/2011

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2011
NAME OF PROVIDER OR SUPPLIER CAPITAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 HARTFORD STREET, SE WASHINGTON, DC 20020		
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1000	INITIAL COMMENTS An annual licensure survey was conducted on June 21, 2011. A random sampling of three residents was selected from a population of four females and two males with various levels of intellectual disabilities. The findings of the survey were based on observations at the group home, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	1000	<p>7/20/11 Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
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. This Statute is not met as evidenced by: Based on observation, the group home for persons with intellectual disabilities (GHPID) failed to ensure the maintenance and upkeep of the facility's environment as required by this section. The finding includes: The toilet seat in resident # 5's bedroom bathroom did not fit properly. In the common bathroom (right side of the hall) the sink fixtures had rust on them. The kitchen hood ventilation fan was inoperable. In addition, there were two piles of dead tree limbs observed at the rear of the house. The GHPID failed to implement an effective system of monitoring the maintenance of the	1090		<p>The toilet seat in resident #5's room was repaired. 06/21/11 The sink fixtures in the common bathroom were replaced. 07/12/11 The kitchen hood ventilation was repaired. 07/09/11 The tree limbs were removed from the back yard. 07/13/11 The House Manager will complete his maintenance check list weekly (see Attachment #1) and submit it to the Maintenance Department (for completion of the repairs), and to the Main Office (for follow-up). All repairs would need to be completed within a week time. Continuous Capital Care Inc. has signed a contract (Attachment #2) with a Landscape company that will complete monthly yard cleaning and maintenance. 07/11/11</p>

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Paul Alamy
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

Executive Director

(X5) DATE

7/14/11

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I 203	Continued From page 2 The finding includes: Record review and interview with the GHPID's house manager (HM) on June 21, 2011 at approximately 5:10 p.m. confirmed the job descriptions were not discussed with Staff #3, #9, #10, #15, #18, #20, #23, and #28.	I 203	The job descriptions of seven of the eight employees; (Staff #3, #9, #10, #18, #20, #23, and #28) whose record review and interview revealed that their supervisors had not discussed their job descriptions with them, have been discussed with each of them. The supervisors of these staff and every other CCI staff will discuss the job descriptions of each of the employees under their supervision on or before the anniversary of their respective dates of hire every year. Staff #15 was not a part of this process because she no longer works with CCI.	06/24/11
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 staff interview and record review, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to ensure that all staff secured an annual health screening for two of twenty-eight staff. [Staff #18 and #28] The findings include: Record review on June 21, 2011, at approximately 1:40 p.m. revealed there was no current health certificates on file for Staff #18 and #28. Interview with the facility's house manager (HM) on June 21, 2011, at approximately 4:45 p.m. confirmed that none of these staff had a valid health certificate on file. The HM indicated he would contact the main office to see if he could secure a copy of the documents. At the time of the exit the documents were not made available for review.	I 206	The job descriptions of staff # 3, #9, #10, #15, #18, #20, #23, and #28 have been made available to GHPID's House Manager (HM). He has reviewed these job descriptions and has discussed them with each of the staff concerned. In the future, the HR Manager will forward the names and hire dates of every new staff and their anniversary dates to the HM for the purpose of an annual job description review. All employees at the time of hire MUST bring with them a valid health certificate. CCI has software in place that pops up reminders 4 weeks before the expiration date of each employee's health certificate. Staffs are in turn given notification in advance to complete new physical exams. CCI is reinforcing its policy of pulling staff that do not renew their health certificates annually off schedule. The folders of all employees and the employee database have been reconciled. Employees whose physician's certificates have not been renewed have been contacted and have been given 2 weeks to complete new physical exams and forward their health certificates to the HR Department. The HR Department is working together with the HM to ensure that from 7/18/2011, staffs who do not comply with this requirement are taken off schedule until they prove that they are physically fit to work with the individuals.	06/24/11 Continuous 06/24/11

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1229	<p>Continued From page 4</p> <p>technologies:</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHPIO) failed to ensure the staff were trained to implement range of motion exercises.</p> <p>The finding includes:</p> <p>Observation and interview with the direct care staff on June 21, 2011, at approximately 12:10 p.m. revealed Resident #1 was at home, because of a medical appointment. Continued observation at approximately 12:17 p.m. revealed two staff transferred the resident from his hospital bed to his wheelchair. The staff had informed the surveyor that they were preparing Resident #1 for his lunch. The direct care staff identified the resident's pureed meal as a roast beef sandwich with lettuce, and applesauce. At approximately 12:35 p.m., the resident finished eating his lunch. At that time, the staff was observed to spoon feed Resident #1 his water using a tablespoon.</p> <p>The direct care staff at approximately 2:15 p.m. was observed preparing four ounces of water with three scoops of thickener. Interview with the staff revealed the resident's liquids should have a pudding consistency. It should be noted that the water given to Resident #1 at lunch time did not appear to have a pudding consistency. The surveyor requested that the staff ensure the resident's water had the correct consistency before giving it to him. The Licensed Practical Nurse (LPN) that was on duty was asked to ensure Resident #1's water had a pudding consistency before serving it to the resident. According to the LPN, the water needed more</p>	1229		

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1229	Continued From page 5 thicker and demonstrated to the staff and surveyor that when the water drips from the edge of the spoon it was pudding consistency. Review of the resident's medical record on June 21, 2011 at approximately 2:20 p.m. revealed a physician's order (PO) to thicken Resident #1's liquids to pudding consistency. Interview with the LPN on the same day revealed the staff were trained on May 16, 2011. At the time of the survey, the GHPID failed to ensure their staff was trained effectively to provide Resident #1 with the correct liquid consistency (pudding) as prescribed.	1229	The Staff who was feeding resident #1 liquid on 6/21/11 at the time of the survey and all staffs at the facility were re-trained effectively on 6/22/11 on how to thick liquids to pudding consistency (see attachment #4). There will be ongoing monitoring by the L.P.N. before each liquid feeding to ensure that the liquid has the right consistency.	06/22/11	
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 twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review the Group Home for Persons with Individual Disabilities (GHPID) failed to ensure unusual incidents that interfered substantially with the resident's health were reported immediately to the Department of Health, Health Regulations Licensing Administration (DOH/HLRA), for one of the two	1379			

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I 379	Continued From page 6 residents included in the sample. (Resident #5) The finding includes: Review of the GHPID's incident reports on June 21, 2011 beginning at approximately 8:21 a.m. revealed the following: 1. On March 2, 2011, the direct care staff reported an incident involving Resident #5. According to the report, Resident #5 was discovered with light vaginal bleeding. Continued review of the incident report revealed the resident was transported to the emergency room, and diagnosed with an acute kidney injury. Interview with the Program Coordinator on June 21, 2011, at approximately 11:02 a.m. revealed the resident was admitted to the hospital and remained there until March 4, 2011. 2. On May 4, 2011, the direct care staff reported an incident involving Resident #5. According to the report, Resident #5 experienced a seizure that lasted six minutes. Continued review of the incident report revealed 911 was called and the resident was transported via ambulance to the emergency room. 3. On March 7, 2011, the direct care staff reported an incident involving Resident #5. According to the report, the staff discovered blood in the individual's adult protective undergarment, and in the facility's commode. Continued review of the report revealed the resident was transported to the emergency room. Interview with the Program Coordinator on June 21, 2011 at approximately 12:30 p.m. revealed	I 379	All staffs at this residence and the Incident Management Coordinator were in-serviced by the Assistant Director on DDS Incident Management Policy (see attachment #5), and the following was emphasized: "All incident report forms will be faxed to the Incident Management Coordinator (IMC) immediately after proper completion. The IMC will then fax a copy to DOH within 24H and ensure that all other parties are notified in a timely manner"	06/28/11

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I 379	Continued From page 7 the resident was transported to the emergency room on March 12, 2011 and was admitted According to the discharge summary, the resident remained hospitalized until April 1, 2011. Further review of the discharge summary revealed the resident was diagnosed with E-Coli, pyelonephritis and sepsis. At the time of the survey, the GHPID failed to ensure the Department of Health, Health Regulations and Licensing Administration Division (DOH/HRLA) was notified of the incidents involving Resident #5 within twenty-four hours as required.	I 379	

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1227	<p>3510.5(d) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(d) Emergency procedures including first aid, cardiopulmonary resuscitation (CPR), the Heimlich maneuver, disaster plans and fire evacuation plans;</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the Group Home for Persons with Intellectual Disabilities (GHPID) failed to have on file certificates verifying current training in cardiopulmonary resuscitation (CPR), for three of the twenty-eight staff (Staff #5, #17, and #28), and certificates verifying current training in first aid, for four of the twenty-eight (Staff #1, #5, #19, and #27).</p> <p>The findings include:</p> <p>Record review on June 21, 2011 at approximately 4:20 p.m. revealed there was no cardiopulmonary resuscitation (CPR) certificates on file for Staff #5, #17, and #28. Record review on June 21, 2011 at approximately 4:24 p.m. revealed there was no first aid certificate on file for Staff #1, #5, #19, and #27.</p>	1227	<p>Staffs #5, #17 and #28 were informed that their CPR certificates have expired and that they were due for CPR refresher training. All 3 staff acted upon the instruction immediately and forwarded their CPR certificates to the HR Department by 06/24/2011.</p> <p>Staffs #1, #5, and #27 were informed that they were due for a refresher course in First Aid. This they did immediately and forwarded their certificates to the HR Department by 06/27/2011.</p> <p>The HR Department is making sure that staffs are informed 4 weeks before their CPR and First Aid certificates expire. All staffs have been reminded of the fact that they will be pulled off schedule unfaithfully if they do not complete both trainings when they are due.</p>	06/24/11	06/27/11
1228	<p>3510.5(f) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(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</p>	1228			Continuous