STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	MFD03-0162		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN	3010 CHESTNUT STREET, NW WASHINGTON, DC 20015

(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 re-certification survey was conducted from 06/18/2008 through 06/19/2008. A random sampling of two residents was selected from a population of four individuals with varying degrees of disabilities. This survey was conducted utilizing the fundamental process. The findings of this survey were based on observations at the residential facility and two day programs, interview with direct care staff and management, and a review of the habilitation and administrative records including the unusual incident reports.	I 000	2008 JUL 21 P RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION I 000 - The Governing Body seek to maintain the operating direction of all facilities. This is evident in the agency-wide policy and procedures.	
I 042	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: Observation, staff interview and record review revealed the facility failed to ensure staff served meals in accordance to the dietary orders for one of two sampled residents. [Resident #2] This finding includes: On the evening of 6/18/2008 Client #2 was served baked pork chops, mashed potatoes, and string beans. The meat was served whole, and later cut up into smaller sizes (approximately 1inch square by staff) as were the other three residents at the dinner table. Client #2 was observed to consume his meal in its entirety without any problems. Record review on the evening of 6/19/2008 revealed this client was	I 042	I 042 3502.2(b) - The nutritionist completed a re-evaluation of #2 nutrition plan on 4/30/08. His physician's order was updated to reflect his diet regimen of 1800Kcal, mechanical soft diet. The staff was in-serviced on his diet regimen as well as his peers to ensure that all direct support specialists have been trained on mealtime plans by the Director of Nursing.	7/11/08

Health Regulation Administration

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Director of Nursing — Lavinia Myers-Brown — 7/20/08

STATE FORM — 3NK811 — If continuation sheet 1 of 10

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HFD03-0162		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN	3010 CHESTNUT STREET, NW WASHINGTON, DC 20015

(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 042	Continued From page 1 assessed by the Speech Pathologist on 6/11/2007 and by the Nutritionist on 10/21/2007. Both assessments indicated that he was on a " mechanically soft diet. " Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 6/19/2008 at 5:51pm acknowledged that that Client #2 should have been served a mechanically soft diet. At approximately 5:53pm, the House Manager (HM) and Licensed Practical Nurse (LPN) revealed that Client #2 was able to tolerate whole foods and has a good appetite. It was not clear why there was a difference between what the facility ' s staff indicates Client #2 ' s ability to be and with what was presented in the assessments. There was no evidence on file at the time of survey to substantiate that the facility ensured that the review and re-evaluation of the discrepancies revolving around Client #2 ' s food texture requirements.	I 042		
I 180	3508.1 ADMINISTRATIVE SUPPORT Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to provide administrative support as required by this section. The findings include: 1. The Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of outside services as presented below:	I 180	I 180- a. The QMRP completed a visit at the day program to meet with #1 Program coordinator to review his IHP goals to ensure that they reflect his interests and are meaningful.	7/20/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NFD03-0162		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN	3010 CHESTNUT STREET, NW WASHINGTON, DC 20015

(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 180	Continued From page 2 A. Record review at Client #1 ' s day program on 6/19/2008 at 1:26pm revealed the " Annual Review of Goals and Objectives " form covered Client #1 ' s previous year ' s progress between the dates of 5/2007 to 4/2008. The document listed the following programmatic objective: Communication Skills: a. Goal - Will improve his communication skills. b. Objective - [Client #1] will independently respond correctly to 5 questions pertaining to a newspaper article read to him, 50% of the recorded trials per month, for three months. Record review revealed he was assessed as performing the " task with required skill level (independently) = 100% of recorded trials, answering 4 questions per trial. " The day program recommended to " continue the program as outlined " for this programmatic year (2008 - 2009). Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 6/19/2008 at 7:05pm revealed she was not aware the day program was carrying programs unchanged from year to year and not revising the habilitation programs to address a client ' s progress. There was no evidence on file or presented at the time of survey to substantiate that this client ' s programmatic interventions were being revised and/or adjusted as required by this section. B. Record review at Client #1 ' s day program on 6/19/2008 at 1:17pm revealed the " Annual Review of Goals and Objectives " form covered Client #1 ' s previous year ' s progress between the dates of 5/2007 to 4/2008. The document detailed the following programmatic objectives:	I 180	b. The QMRP requested a case conference on 7/23/08 at 11am to discuss his current habilitation goals. The QMRP that revision of the programs be completed to make them obtainable and ensure that they address his progress.	7/20/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0162	(X2) MULTIPLE CONSTRUCTION A. BUILDING ___ B. WING ___	(X3) DATE SURVEY COMPLETED 06/19/2008
NAME OF PROVIDER OR SUPPLIER: ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE: 3010 CHESTNUT STREET, NW WASHINGTON, DC 20015	

(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 180	Continued From page 3 Domain: Sensory Stimulation a. Goal - Will improve his sensory stimulation skills. b. Objective - When given verbal prompt, [Client #1] identify 10 different scents 60% of recorded trials per month. Domain: Money Management Skills a. Goal - Will improve his money management skills. b. Objective 1 - When given verbal prompt, [Client #1] will count a combination of coins to equal a dollar 60% of recorded trials per month. c. Objective 2 - When given verbal prompt, [Client #1] will make a purchase while out in the community 80% of recorded trials per month. Further record review revealed Client #1 was assessed as performing " below the required skill level " for all the programmatic interventions outlined above. He performed at 16% effective rate on the objective in the Sensory Stimulation domain. In the Money Management domain he performed at a 25% effective rate on Objective 1 and at a 0% effective rate on Objective 2. The day program recommended to " continue the program as outlined " for this programmatic year (2006 - 2008). Retardation Professional (QMRP) on 6/19/2008 at 7:05pm revealed she was not aware the day program was carrying programs unchanged from year to year and not revising the habilitation programs to address a client's progress. There was no evidence on file or presented at the time of survey to substantiate that this client's programmatic interventions were being revised and/or adjusted as required by this section.	I 180		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HFD03-0162		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN	3010 CHESTNUT STREET, NW WASHINGTON, DC 20015

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I 180	Continued From page 4 Note: [Reference Federal Deficiency Report W120] 2. The Qualified Mental Retardation Professional (QMRP) failed to ensure the monitoring and revision of resident's individual program plans (IPP) as exampled below. A. Staff interview and record review on 6/19/2008 revealed the facility failed to ensure the revision of a client's individual program plans when evidence presents a failure to meet or progress towards the identified goals/objectives. Note: [Reference Federal Deficiency Report W255] B. Staff interview and record review on 6/19/2008 revealed the facility failed to ensure the revision of a client's individual program plans when evidence presents the client completed and/or achieved the desired programmatic objectives as outlined in the client's individual program plan. Note: [Reference Federal Deficiency Report W257] 3. The Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services to ensure a resident received meals in the form and consistency as outlined in his individual program plans as exampled below: On the evening of 6/18/2008 Client #2 was served baked pork chops, mashed potatoes, and string beans. The meat was served whole, and later cut up into smaller sizes (approximately 1inch square by staff) as were the other three residents at the dinner table. Client #2 was observed to consume his meal in its entirety without any problems. Record review on the	I 180	2 A. The QMRP requested a case conference on 7/23/08 at 11am to discuss his current habilitation goals. The QMRP requested that revision of the programs be completed to make them obtainable and ensure that they address his progress.	7/20/08
			3. The nutritionist completed a re-evaluation of #2 nutrition plan on 4/30/08. His physician's order was updated to reflect his diet regimen of 1800Kcal, mechanical soft diet. The staff was in-serviced on his diet regimen as well as his peers to ensure that all direct support specialists have been trained on mealtime plans by the Director of Nursing.	7/11/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HFD03-0182		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN	3010 CHESTNUT STREET, NW WASHINGTON, DC 20015

(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 180	Continued From page 5 evening of 6/19/2008 revealed this client was assessed by the Speech Pathologist on 6/11/2007 and by the Nutritionist on 10/21/2007. Both assessments indicated that he was on a " mechanically soft diet. " Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 6/19/2008 at 6:51pm acknowledged that that Client #2 should have been served a mechanically soft diet. At approximately 5:53pm, the House Manager (HM) and Licensed Practical Nurse (LPN) revealed that Client #2 was able to tolerate whole foods and has a good appetite. It was not clear why there was a difference between what the facility ' s staff indicates Client #2 ' s ability to be and with what was presented in the assessments. There was no evidence on file at the time of survey to substantiate that the facility ensured that the review and re-evaluation of the discrepancies revolving around Client #2 ' s food texture requirements.	I 180		
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: The deficient practice includes: Staff interview and record review on 6/19/2008 at 7:05pm revealed the residents were regularly taking part in community outings. According to the House Manager (HM) the residents were allowed to purchase items of their choice. Further record review revealed there were no receipts on site or evidence of funds being withdrawn from the resident ' s personal bank accounts to cover the expenditures from these outings. There was no means at the time of survey to assess and/or substantiate that an	I 189	I 189-The staff and house manager were in-serviced on the importance of the individual choice in making purchases of their choice and providing receipts of those purchases for validity.	7/15/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HFD03-0162		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN	3010 CHESTNUT STREET, NW WASHINGTON, DC 20015

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I 189	Continued From page 6 accurate accounting of resident's funds was in place.	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: The deficient practice includes: The facility failed to provide evidence at the time of survey to substantiate that they secured a current health certificate for all staff currently employed. The facility failed to enact an effective system to ensure that all staff was compliant with the provisions of this section.	I 206	I 206 – The Governing body seek to ensure that all personnel have her current physician certification that the employee's health status that would allow him/her to perform the required duties. This is evident in the agency-wide policies governing services rendered. All employed staff have current health certificates from their attending physician allowing them to perform their specific duties.	6/20/08
I 260	3512.1 RECORDKEEPING: GENERAL PROVISIONS Each Residence Director shall maintain current and accurate records and reports as required by this section. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to document a mistimed administration of medications for two of four residents residing in the facility. [Residents #1 and #3]	I 260	I 260- The Governing body seek to maintain current and accurate records and reports as required. The T.M.E. staff was in-serviced on documentation on the back of the MAR. There is a standing order that the doctor does not need to be called if there is at least four hours between medications; this order has been in place since 2005, for inclement weather conditions, late returns from programs, late return from home visits, or outings.	6/19/08

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	HFD03-0162		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOHN	3010 CHESTNUT STREET, NW WASHINGTON, DC 20015

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I 280	Continued From page 7 The finding includes: Observation and record review on the evening of 6/18/2008 revealed the facility failed to document medication errors during the administration of Resident #1 and Resident #3 ' s medications on 6/18/2008. [Reference Federal Deficiency Report Citation W369]	I 280		
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 Plan; This Statute is not met as evidenced by: The deficient practice includes: Record review at Resident #1 ' s day program on 6/19/2008 at 1:25pm revealed the Annual Review of Goals and Objectives form covered the previous year ' s progress from 5/2007 to 4/2008. The document listed the following programmatic objective: Communication Skills: 1. Goal - Will improve his communication skills. 2. Objective - [Resident #1] will independently respond correctly to 5 questions pertaining to a newspaper article read to him, 60% of the recorded trials per month, for three months. Record review revealed he was assessed as performing the " task with required skill level (independently) = 100% of recorded trials,	I 424	I 424 - a. The QMRP requested a case conference on 7/23/08 at 11am to discuss his current habilitation goals. The QMRP requested that revision of the programs be completed to make them obtainable and ensure that they address his progress.	7/20/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0192	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/19/2008
NAME OF PROVIDER OR SUPPLIER ST JOHN	STREET ADDRESS, CITY, STATE, ZIP CODE 3010 CHESTNUT STREET, NW WASHINGTON, DC 20015		

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I 424	Continued From page 8 answering 4 questions per trial." The day program recommended to "continue the program as outlined" for this programmatic year (2008 - 2009). Interview with the facility's Qualified Mental Retardation Professional (QMRP) on 6/19/2008 at 7:05pm revealed she was not aware the day program was carrying programs unchanged from year to year and not revising the habilitation programs to address a resident's progress. There was no evidence on file or presented at the time of survey to substantiate that this resident's programmatic interventions were being revised and/or adjusted as required by this section.	I 424		
I 426	35:21.5(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: This deficient practice includes: Record review at Resident #1's day program on 6/19/2008 at 1:17pm revealed the Annual Review of Goals and Objectives form covered the previous year's progress from 6/2007 to 4/2008. The document detailed the following programmatic objectives: Domain: Sensory Stimulation A. Goal - Will improve his sensory stimulation skills.	I 426	I 426- The governing body seeks to ensure that all individual programs are modified at least every six (6) months when (c) is failing to progress toward identified objectives after reasonable efforts have been made. The QMRP requested a case conference on 7/23/08 at 11am to discuss his current habilitation goals. The QMRP requested that revision of the programs be completed to make them obtainable and ensure that they address his progress.	7/20/08

(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 428	Continued From page 9 E. Objective - When given verbal prompt, [Resident #1] identify 10 different scents 60% of recorded trials per month. Domain: Money Management Skills A. Goal - Will improve his money management skills. B. Objective 1 - When given verbal prompt, [Resident #1] will count a combination of coins to equal a dollar 60% of recorded trials per month. C. Objective 2 - When given verbal prompt, [Resident #1] will make a purchase while out in the community 60% of recorded trials per month. Further record review revealed Resident #1 was assessed as performing " below the required skill level " for all the programmatic interventions outlined above. He performed at 15% effective rate on the objective in the Sensory Stimulation domain. In the Money Management domain he performed at a 25% effective rate on Objective 1 and at a 0% effective rate on Objective 2. The day program recommended to " continue the program as outlined " for this programmatic year (2008 - 2009). Retardation Professional (QMRP) on 6/19/2008 at 7:05pm revealed she was not aware the day program was carrying programs unchanged from year to year and not revising the habilitation programs to address a resident ' s progress. There was no evidence on file or presented at the time of survey to substantiate that this resident ' s programmatic interventions were being revised and/or adjusted as required by this section.	I 428		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 06/19/2008
NAME OF PROVIDER OR SUPPLIER: ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE: 3010 CHESTNUT STREET, NW WASHINGTON, DC 20015	

(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	INITIAL COMMENTS A re-certification survey was conducted from 06/18/2008 through 06/19/2008. A random sampling of two clients was selected from a population of four individuals with varying degrees of disabilities. This survey was conducted utilizing the fundamental process. The findings of this survey were based on observations at the residential facility and two day programs, interview with direct care staff and management, and a review of the habilitation and administrative records including the unusual incident reports.	W 000	W 000 –The facility seeks to ensure that all services rendered meet the needs of all recipients receiving services. This is outlined thin agency-wide policy and procedure protocol.	
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that outside programs ensured the monitoring and review of client's programmatic interventions for one of two sampled clients. [Client #1] The findings include: 1. Record review at Client #1's day program on 6/19/2008 at 1:25pm revealed the "Annual Review of Goals and Objectives" form covered Client #1's previous year's progress between the dates of 5/2007 to 4/2008. The document listed the following programmatic objective: Communication Skills:	W 120	W 120- 1. The QMRP completed a visit at the day program to meet with #1 Program coordinator to review his IHP goals to ensure that they reflect his interests and are meaningful. The QMRP requested a case conference on 7/23/08 at 11am to discuss his current habilitation goals. The QMRP requested that revision of the programs be completed to make them obtainable and ensure that they address his progress.	7/20/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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

Received 7/21/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G170		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 120	Continued From page 1 a. Goal - Will improve his communication skills. b. Objective - [Client #1] will independently respond correctly to 5 questions pertaining to a newspaper article read to him, 50% of the recorded trials per month, for three months. Record review revealed he was assessed as performing the " task with required skill level (independently) = 100% of recorded trials, answering 4 questions per trial. " The day program recommended to " continue the program as outlined " for this programmatic year (2008 - 2009). Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 6/19/2008 at 7:05pm revealed she was not aware the day program was carrying programs unchanged from year to year and not revising the habilitation programs to address a client ' s progress. There was no evidence on file or presented at the time of survey to substantiate that this client ' s programmatic interventions were being revised and/or adjusted as required by this section. 2. Record review at Client #1 ' s day program on 6/19/2008 at 1:17pm revealed the " Annual Review of Goals and Objectives " form covered Client #1 ' s previous year ' s progress between the dates of 5/2007 to 4/2008. The document detailed the following programmatic objectives: Domain: Sensory Stimulation a. Goal - Will improve his sensory stimulation skills. b. Objective - When given verbal prompt, [Client #1] identify 10 different scents 60% of recorded trials per month.	W 120		

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G170		06/19/2008

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ST JOHN	3010 CHESTNUT STREET, NW WASHINGTON, DC 20015

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W 120	Continued From page 2 Domain: Money Management Skills a. Goal - Will improve his money management skills. b. Objective 1 - When given verbal prompt, [Client #1] will count a combination of coins to equal a dollar 80% of recorded trials per month. c. Objective 2 - When given verbal prompt, [Client #1] will make a purchase while out in the community 80% of recorded trials per month. Further record review revealed Client #1 was assessed as performing " below the required skill level " for all the programmatic interventions outlined above. He performed at 16% effective rate on the objective in the Sensory Stimulation domain. In the Money Management domain he performed at a 25% effective rate on Objective 1 and at a 0% effective rate on Objective 2. The day program recommended to " continue the program as outlined " for this programmatic year (2008 - 2009). Retardation Professional (QMRP) on 6/19/2008 at 7:05pm revealed she was not aware the day program was carrying programs unchanged from year to year and not revising the habilitation programs to address a client's progress. There was no evidence on file or presented at the time of survey to substantiate that this client's programmatic interventions were being revised and/or adjusted as required by this section.	W 120		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.	W 159		

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	09G170		06/19/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 159	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's Qualified Mental Retardation Professional (QMRP) failed to ensure the programmatic oversight and coordination of services to ensure the health and safety of the individuals residing in the facility. The findings include: 1. The Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of outside services. [See W120] 2. The Qualified Mental Retardation Professional (QMRP) failed to ensure the monitoring and revision of client's individual program plans (IPP). [See W255, W257] 3. The Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services to ensure a client received meals in the form and consistency as outlined in his individual program plans. [See W474]	W 159	W 159- The QMRP completed a visit at the day program to meet with #1 Program coordinator to review his IHP goals to ensure that they reflect his interests and are meaningful. The QMRP requested a case conference on 7/23/08 at 11am to discuss his current habilitation goals. The QMRP requested that revision of the programs be completed to make them obtainable and ensure that they address his progress.	7/20/08
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to implement an effective change to	W 255	W 255- The QMRP requested a case conference on 7/23/08 at 11am to discuss his current habilitation goals. The QMRP requested that revision of the programs be completed to make them obtainable and ensure that they address his progress. The QMRP will ensure that all individual programs are reviewed and revised as needed.	7/20/08

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W 255	Continued From page 4 a client's programming interventions after he has completed and/or achieved the goals outlined in his habilitation plan for one of two sampled clients. [Client #1] The finding includes: Staff interview and record review on 8/19/2008 revealed the facility failed to ensure the revision of a client's individual program plans when evidence presents a failure to meet or progress towards the identified goals/objectives. [See W120]	W 255		
W 257	483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to implement an effective change to a client's programming interventions after he has been assessed to be poorly progressing towards the programmatic goals for one of two sampled clients. [Client #1] The finding includes: Staff interview and record review on 8/19/2008 revealed the facility failed to ensure the revision of a client's individual program plans when evidence presents the client completed and/or achieved the desired programmatic objectives as	W 257	W 257- The QMRP requested a case conference on 7/23/08 at 11am to discuss his current habilitation goals. The QMRP requested that revision of the programs be completed to make them obtainable and ensure that they address his progress. The QMRP will ensure that all individual programs are reviewed and revised as needed.	7/20/08

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
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W 257	Continued From page 5 outlined in the client's individual program plan. [See W120]	W 257		
W 369	4(3.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Observation, staff interview and record review revealed the facility failed to ensure clients received timed medications as ordered for two of four sampled clients. [Clients #1 and #3] The findings include: 1. Observation of the evening medication administration on 6/18/2008 revealed the administering of Client #1 medications began at 6:12pm and concluded at 7:05pm. The medication regimen included Captopril 50mg Tab to manage this client's Blood Pressure and Metoprolol 100mg Tab for the same. Record review on 6/19/2008 revealed the medication, as listed on the Physician's Order Sheet(s) POS, were to be administered at 5pm. Interview with the facility's Licensed Practical Nurse (LPN) and Registered Nurse (RN) on 6/19/2008 at 6:33pm revealed medications should be given an hour before or an hour after the prescribed delivery time. The facility failed to ensure the timely delivery of medications as prescribed. 2. Observation of the evening medication administration on 6/18/2008 revealed Client #3's medication administration began at 6:35pm and concluded at 6:48pm. The medication regimen included Ativan 25mg Tab for managing this	W 369	W 369- 1-2.The T.M.E. staff was in-serviced on documentation on the back of the MAR. There is a standing order that the doctor does not need to be called if there is at least four hours between medications; this order has been in place since 2005, for inclement weather conditions, late returns from programs, late return from home visits, or outings. 3. All individuals' medications have been checked to ensure that all discontinued medications have been removed. The LPN was in-serviced on discarding discontinued medications.	7/19/08

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W 369	Continued From page 6 client's Blood Pressure and Metformin HCL 1000mg Tab for Diabetes. Record review on 6/19/2008 revealed the medications, as listed on the Physician's Order Sheet(s) POS, were to be administered at 6pm. Interview with the facility's Licensed Practical Nurse (LPN) and Registered Nurse (RN) on 6/19/2008 at 6:39pm revealed medications should be given an hour before or an hour after the prescribed delivery time. The facility failed to ensure the timely delivery of medications as prescribed. 3. Observation on the evening medication administration on 6/18/2008 revealed Client #3 was provided a treatment of Debrox 15ml via 3 drops in each ear at 6:35pm. Record review revealed the order for the Debrox was for only two (2) weeks starting on 3/3/2008. Interview with the facility's Licensed Practical Nurse (LPN) on 6/19/2008 at 6:56pm revealed the treatment of Debrox was supposed to be discontinued the end of 3/2008 and should not have been administered. The facility failed to ensure an effective system of monitoring medications to ensure that all medications were administered as ordered.	W 369		
W 375	483.460(k)(8) DRUG ADMINISTRATION The system for drug administration must assure that drug administration errors and adverse drug reactions are recorded. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to document a mistimed administration of medications for two of four clients residing in the facility. [Clients #1 and #3]	W 375	W 375- The Governing body seeks to ensure that the policy and procedure manual covers general administration, physical environment, health and safety, record keeping, personnel, and admission, transfer, and discharge. This is to ensure that each individual receives the quality of care needed to meet their habilitative needs. The policy manual was updated in 2006.	

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W 375	Continued From page 7 The finding includes: Both Client's #1 and #3 were observed to receive their medications well after 6pm on the evening of 6/18/2008. Record review revealed this mistimed delivery was not recorded in the Medication Administration Record (MAR). In addition, Client #3 received a treatment of Debrox without a physician's approval, as the original treatment should have been completed two weeks from the order date of 3/3/2008. Interview with the facility's Registered Nurse (RN) and Licensed Practical Nurse (LPN) on 6/18/2008 at 6:40pm revealed, these medication errors should have been recorded and they (nursing staff) should have been made aware of it. There was no evidence presented or on file at the time of survey to substantiate that the documentation of the medication errors were known and were being systemically addressed..	W 375	The T.M.E. staff was in-serviced on documentation on the back of the MAR. There is a standing order that the doctor does not need to be called if there is at least four hours between medications; this order has been in place since 2005, for inclement weather conditions, late returns from programs, late return from home visits, or outings. All individuals' medications have been checked to ensure that all discontinued medications have been removed. The LPN was in-serviced on discarding discontinued medications.	7/19/08
W 474	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Observation, staff interview and record review revealed the facility failed to ensure meals were served in the form and consistency recommended in a client's habilitation plan for one of two sampled clients. [Client #2] The finding includes: On the evening of 6/18/2008 Client #2 was served baked pork chops, mashed potatoes, and string beans. The meat was served whole, and later cut up into smaller sizes (approximately	W 474	W 474 - The nutritionist completed a re-evaluation of #2 nutrition plan on 4/30/08. His physician's order was updated to reflect his diet regimen of 1800Kcal, mechanical soft diet. The staff was in-serviced on his diet regimen as well as his peers to ensure that all direct support specialists have been trained on mealtime plans by the Director of Nursing.	7/20/08

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W 474	Continued From page 8 1inch square by staff) as were the other three residents at the dinner table. Client #2 was observed to consume his meal in its entirety without any problems. Record review on the evening of 6/19/2008 revealed this client was assessed by the Speech Pathologist on 8/11/2007 and by the Nutritionist on 10/21/2007. Both assessments indicated that he was on a " mechanically soft diet. " Interview with the facility ' s Qualified Mental Retardation Professional (QMRP) on 6/19/2008 at 5:51pm acknowledged that that Client #2 should have been served a mechanically soft diet. At approximately 5:53pm, the House Manager (HM) and Licensed Practical Nurse (LPN) revealed that Client #2 was able to tolerate whole foods and has a good appetite. It was not clear why there was a difference between what the facility ' s staff indicates Client #2 ' s ability to be and with what was presented in the assessments. There was no evidence on file at the time of survey to substantiate that the facility ensured that the review and re-evaluation of the discrepancies revolving around Client #2 ' s food texture requirements.	W 474		