

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

PRINTED: 12/04/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09C168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/25/2008
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NAME OF PROVIDER OR SUPPLIER  ST JOHN	STREET ADDRESS, CITY, STATE, ZIP CODE 2912 MILITARY RD, NW WASHINGTON, DC 20015
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CIS 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)	(X4) COMPLETION DATE
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<p>W 000 INITIAL COMMENTS</p> <p>W 150 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p>	<p>A recertification survey was conducted from November 24, 2008, through November 25, 2008. The survey was initiated using the fundamental survey process. A random sample of two clients was selected from a residential population of four men with mental retardation and other disabilities. The findings of the survey were based on observations, interviews at the facility and at two day programs, and a review of records, including unusual incident reports.</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP) for one of the two clients (Client #1) included in the sample.</p> <p>The finding includes:</p> <p>Observation throughout the survey revealed Client #1 was very quiet. He was only observed to converse with the staff when engaged in his training programs. Interview with the facility's nurse, on the same day, at 12:33 PM revealed that the client "could say some words, but he was not fluent in speech."</p> <p>Review of Client #1's habilitation record on</p>	<p>W 000</p> <p>W 150</p>	<p>The governing body seeks to ensure that all individuals residing in an ICF/MR receive adequate services with a continuity of care. This is evident by the policies and procedures that are in place to ensure there is a continuity of care for the individuals being served.</p> <p>The Qualified Mental Retardation Professional contacted the Speech and Language pathologist who completed the assessments to provide feedback and documentation of services rendered to the individuals in the month. The speech and language pathologist made some changes to her recommendations. #1 had a Speech and Language assessment completed on 5/28/08 and 6/17/08. The final report was completed on 6/19/08. The following recommendations were made: he should be seen for at least an hour to increase his ability to clearly convey his wants and needs in his environment and increase socialization with staff and housemates. An amendment was completed on 10/2008 to include the staff involvement in speech services. The Speech and Language pathologist completed services with #1 on 11/18/08 and 11/19/08. Please review the attachments for details.</p>	<p>12/12/08</p>
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LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE: *[Signature]* TITLE: *Service Coordinator* DATE: *12/15/08*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are dischargeable 30 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 dischargeable 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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NAME OF PROVIDER OR SUPPLIER  ST JOHN			STREET ADDRESS, CITY, STATE, ZIP CODE 3012 MILITARY RD, NW WASHINGTON, DC 20015		
(G4) 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)	(K5) COMPLETION DATE	
W 159	Continued From page 1 November 24, 2008, revealed a Speech Evaluation dated June 19, 2008. According to the evaluation, the speech therapist recommended speech language therapy was warranted. It was suggested that Client #1 be seen by the speech pathologist at least one hour per week to increase functional communication skills. Additionally, the speech pathologist indicated that speech-language therapy was necessary to improve receptive/expressive language skills and pragmatic language skills. She also indicated that both of the aforementioned skills would increase his ability to clearly convey his needs/wants in his environment and increase socialization with staff and residents.  An interview was conducted with the facility's QMRP on November 25, 2008 to ascertain information regarding the recommended service with the speech pathologist. According to the QMRP, Client #1 was not seen for one hour each week by a speech pathologist.  At the time of the survey, (five months later), there was no documented evidence that arrangements had been made for the client to receive therapy one hour per week with a speech pathologist as recommended.	W 159	#1 had a Speech and Language assessment completed on 5/28/08 and 6/17/08. The final report was completed on 6/19/08. The following recommendations were made: he should be seen for at least an hour to increase his ability to clearly convey his wants and needs in his environment and increase socialization with staff and housemates. An amendment was completed on 10/2008 to include the staff involvement in speech services. The Speech and Language pathologist completed services with #1 on 11/18/08 and 11/19/08. Please review the attachments for details.  #2 had a Speech and language evaluation completed on 6/19/08. An amendment was completed on 10/2008 to include the staff involvement in speech services. The Speech and Language pathologist completed services with #2 on 11/18/08 and 11/19/08. Please review the attachments for details.	11/18/08 B & 11/19/08 B	
W 247	483.440(c)(6)(v) INDIVIDUAL PROGRAM PLAN  The individual program plan must include opportunities for client choice and self-management.  This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement a system	W 247			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G188	(02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(03) DATE SURVEY COMPLETED  11/25/2008
NAME OF PROVIDER OR SUPPLIER  ST JOHN			STREET ADDRESS, CITY, STATE, ZIP CODE 3012 MILITARY RD, NW WASHINGTON, DC 20015		
(04) 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)	DATE COMPLETION DATE	
W 247	Continued From page 2 that provided an opportunity for clients' choice and self management, for two of the two clients (Clients #1 and #2) in the sample.  The finding includes:  Observation on November 24, 2008, at 4:20 PM revealed Clients #1 and #2 arrived home from their day programs . At 4:33 PM, the direct care staff provided Clients #1 and #2 with a snack that consisted of pudding and animal crackers. It should be noted that the direct care staff was observed to ask Client #4 what he would like for a snack, but did not give Clients #1 and #2 an opportunity to choose what they wanted for a snack.  At the time of the survey, the facility failed to ensure clients were given a choice regarding their snacks.	W 247	On 12/10/08, the staff was inserviced by the QMRP on providing choices at their monthly Staff, [redacted] house manager, Nurse, and QMRP meeting (SRNQ). The staff was informed that all services are choice driven and each individual should be provided an opportunity to decide on aspects in their life that they are capable of making decisions on. The individuals in the home will make individual choices about what they eat in the home at mealtimes and snacks.  On 12/10/08, the RN inserviced the TME's on medication errors and completing incidents on missing medications due to unknown circumstances. The TME that administered the wrong medication was re-inserviced on medication administration, observed by the RN of the house on 3 different occasions while administering medications, and the delegated staff reviewed with the TME the coaching for commitment. TME's in the home were encouraged to check the vitals of all the individuals in the home on a weekly basis.	12/10/08	
W 368	483.480(K)(1) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that medications were administered in compliance with the physician's orders, for one of three clients (Client #1 ) included in the sample.  The findings include:  Observation of the evening medication administration on November 24, 2008, beginning at 6:00 PM revealed Client #1 received	W 368		12/10/08	

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NAME OF PROVIDER OR SUPPLIER  ST JOHN			STREET ADDRESS, CITY, STATE, ZIP CODE 3812 MILITARY RD, NW WASHINGTON, DC 20015		
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W 368	<p>Continued From page 3</p> <p>medications including Lisinopril/HCTZ from the Trained Medication Employee (TME). The TME verified that he had administered the client's AM medication (Lisinopril/HCTZ) to Client #1 mistakenly.</p> <p>Review of Client #1's medical record on November 25, 2008, at 6:15 PM revealed a Physician's Order dated August, 2008. Review of the order revealed the client was prescribed "Lisinopril/HCTZ 25 mg 1 tab daily." Review of the corresponding Medication Administration Record (MAR) on November 25, 2008, revealed the medication was scheduled to be given in the morning. Continued review of the MAR revealed that on November 24, 2008, the client received his Lisinopril/HCTZ twice that day (both in the morning and evening).</p> <p>At the time of the survey, the facility failed to provide evidence that the TME administered Client #1's blood pressure medication (Lisinopril/HCTZ) in accordance with the physician's orders.</p>	W 368	<p>The medication error was document on the back of the MAR by the TME. On 12/10/08, the RN inserviced the TME's on medication errors and completing incidents on missing medications due to to unknown circumstances. The TME that administered the wrong medication was re-inserviced on medication administration, observed by the RN of the house on 3 different occasions while administering medications, and the delegated staff reviewed with the TME the coaching for commitment. TME's in the home were encouraged to check the vitals of all the individuals in the home on a weekly basis.</p>	12/10/08	

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(21) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-5193	(22) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(23) DATE SURVEY COMPLETED  11/26/2008
NAME OF PROVIDER OR SUPPLIER  ST. JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 MILITARY RD, NW WASHINGTON, DC 20015		
(24) 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)	(25) COMPLETE DATE
1 000	<b>INITIAL COMMENTS</b>  A licensure survey was conducted from November 24, 2008, through November 25, 2008. A random sample of two clients was selected from a residential population of four men with mental retardation and other disabilities. The findings of the survey were based on observations, interviews at the facility and at two day programs, and a review of records, including unusual incident reports.	1 000	The governing body seeks to ensure that all persons served receive adequate medical care and support to help them live their best lives. This is evident in the services and supports rendered to each individual being served.	
1 161	<b>3507.2 POLICIES AND PROCEDURES</b>  The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the governing body approved and reviewed its policies and procedures annually.  The finding includes:  Interview with the Program Director and review of the policy and procedures manual on November 24, 2008, failed to provide evidence that the manual had been reviewed and approved by the governing body as required since 2007.	1 161	The governing body reviews and makes revisions to the policies and procedures on an annual basis or sooner if needed. The policies that govern the agencies operation was last reviewed by the Program Director on May 23, 2008. Please review the attached coverage for details.  All residential staff had background checks completed. The staff identified background reports have been attached as proof of clearance to provide services for the individuals being served. The clinicians for the home are currently having background checks completed. Please review the attached documents for details.	5/23/08  12/15/08
1 261	<b>3512.2 RECORDKEEPING: GENERAL PROVISIONS</b>  Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies.	1 261		

Health Regulation Administration

LABORATORY DIVISION  
STATE FORM

*[Handwritten Signature]*  
LABORATORY DIVISION SUPERVISOR FOR REGULATORY SERVICES

*[Handwritten Signature]*  
TITLE

UPDATE  
12/15/08  
If continuation sheet 1 of 3

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD83-0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/25/2008
NAME OF PROVIDER OR SUPPLIER  ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE 3012 MILITARY RD, NW WASHINGTON, DC 20018		
(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
1201	Continued From page 1  This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure records were available for inspection at all times by personnel of authorized regulatory agencies.  The finding includes:  On November 24, a request was made to review personnel records for all employees and consultants employed by the GHMRP. Interview with the Qualified Mental Retardation Professional (QMRRP) and review of the personnel records on November 25, 2008, revealed records were not available for one direct care staff and the facility's Psychologist.	1201	All residential staff had background checks completed. The staff identified background reports have been attached as proof of clearance to provide services for the individuals being served. The clinicians for the home are currently having background checks completed. The attending psychologist professional information is on file and is available for review. Please review his information for details. once the other attending clinician's background checks have been completed a copy will be forwarded for review.  #1 had a Speech and Language assessment completed on 5/28/08 and 6/17/08. The final report was completed on 6/19/08. The following recommendations were made: he should be seen for at least an hour to increase his ability to clearly convey his wants and needs in his environment and increase socialization with staff and housemates. An amendment was completed on 10/2008 to include the staff involvement in speech services. The Speech and Language pathologist completed services with #1 on 11/18/08 and 11/19/08. Please review the attachments for details.	12/15/08
1401	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 GHMRP failed to ensure timely services were conducted for one of the two residents (Resident #1) included in the sample.  The finding includes:  Observation throughout the survey revealed Resident #1 was very quiet. He was only observed to converse with the staff when engaged in his training programs. Interview with the facility's nurse, on the same day, at 12:33 PM	1401		11/18/08 B 11/19/08

## Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0183	(02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(03) DATE SURVEY COMPLETED  11/25/2008
NAME OF PROVIDER OR SUPPLIER  ST JOHN		STREET ADDRESS, CITY, STATE, ZIP CODE 3812 MILITARY RD, NW WASHINGTON, DC 20015		
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1401	<p>Continued From page 2</p> <p>revealed that the client "could say some words, but he was not fluent in speech."</p> <p>Review of Resident #1's habilitation record on November 24, 2008, revealed a Speech Evaluation dated June 19, 2008. According to the evaluation, the speech therapist recommended speech language therapy was warranted. It was suggested that Client #1 be seen by the speech pathologist at least one hour per week to increase functional communication skills. Additionally, the speech pathologist indicated that speech-language therapy was necessary to improve receptive/expressive language skills and pragmatic language skills. She also indicated that both of the aforementioned skills would increase his ability to clearly convey his needs/wants in his environment and increase socialization with staff and residents.</p> <p>An interview was conducted with the facility's Qualified Mental Retardation Professional (QM/RP) on November 25, 2008 to ascertain information regarding the recommended service with the speech pathologist. According to the QM/RP, Client #1 was not seen for one hour each week by a speech pathologist.</p> <p>At the time of the survey, (five months later), there was no documented evidence that arrangements had been made for the resident to receive therapy one hour per week with a speech pathologist as recommended.</p>	1401	<p>#1 had a Speech and Language assessment completed on 5/28/08 and 6/17/08. The final report was completed on 6/19/08. The following recommendations were made: he should be seen for at least an hour to increase his ability to clearly convey his wants and needs in his environment and increase socialization with staff and housemates. An amendment was completed on 10/2008 to include the staff involvement in speech services. The Speech and Language pathologist completed services with #1 on 11/18/08 and 11/19/08. Please review the attachments for details.</p> <p>#2 had a Speech and language evaluation completed on 6/19/08. An amendment was completed on 10/2008 to include the staff involvement in speech services. The Speech and Language pathologist completed services with #2 on 11/18/08 and 11/19/08. Please review the attachments for details.</p>	11/18/08 & 11/19/08