

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

PRINTED: 06/13/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/23/2008
NAME OF PROVIDER OR SUPPLIER  D C HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 414 "N" STREET, NW WASHINGTON, DC 20001	
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W 000	INITIAL COMMENTS  This recertification survey was conducted from May 20, 2008 through May 23, 2008. The survey was initiated using the fundamental survey process; however, the survey was extended to examine the Condition of Active Treatment. The provider was advised of the extension on May 22, 2008 at approximately 11:00 a.m. Four clients were randomly selected from a client population of seven males with varying degrees of mental retardation.  The survey findings of the survey was based on observation at the group home and day programs, interviews with staff at both locations and review of medical, habilitation and administrative records including incident reports.	W 000	<p style="text-align: center;"><i>Received 6/27/08</i></p> <p style="text-align: center;">GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
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.  This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility's Qualified Mental Retardation Professional (QMRP) failed to coordinate the care of the clients in the facility.  The findings include:  1. Based on observation, interview and record review the QMRP failed to ensure the day programs utilized recommended adaptive equipment for one of the four clients in the sample (Client #4)	W 159		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Mamta Gowan* TITLE *Deputy Director D.C.H.C* (X6) DATE *6/27/08*

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 the documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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W 159	Continued From page 2 4. The QMRP failed to ensure that Client #3's fluid intake was monitored as ordered by the physician (See W322.7)	W 159	Please see the answer to W 322-7	
W 189	483.430(e)(1) STAFF TRAINING PROGRAM  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.  This STANDARD is not met as evidenced by: Based on observation interview and record review, the facility failed to ensure staff are trained to ensure clients adaptive equipment is used at each meal for one of four clients in the sample (Client #4)  The findings include:  The facility's staff failed to use Client #4's Dycem mat appropriately as recommended by the interdisciplinary team as evidenced below:  During the meal observations on May 21 and 22, 2008 at approximately 4:10 p.m. and 5:22 p.m. respectively revealed a green mat was placed on the table in front of Client #4. The plate elevator was placed on top of the mat. Interview with the QMRP on May 23, 2008 at approximately 1:30 p.m. and review of the clients record revealed that his Individual Support Plan (ISP) recommended that the client have a Dycem mat under his plate to stabilize it while he is eating and that the green mat observed under the plate elevator was considered a Dycem mat. The staff acknowledged that the mat should have been placed on top of the plate elevator to stabilize the plate as recommended by the client's	W 189	QMRP/staff were trained on 06/02/08 on use of appropriate adaptive equipment for client #4. QMRP/HM will supervise the table setting before all meals.  Please see attachment: <b>31 &amp; 2</b>	6/02/08

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W 189	Continued From page 3	W 189		
W 194	ISP. 483.430(e)(4) STAFF TRAINING PROGRAM  Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.  This STANDARD is not met as evidenced by: Based on observation, interview and the record review, the facility staff failed to ensure effective training to its staff to implement the individual program plan, for one of four clients (Client #3) included in the sample.  The finding includes:  On May 22, 2008 at approximately 5:22 p.m. Client #3 was observed with the Qualified Mental Retardation Professional (QMRP) using a learning device ("Read and Write Leap Frog"). The device would pronounce words in a story book when a wand was placed over words. The client was observed to place the wand over words.  Review of the client's record revealed an individual program plan (IPP) goal developed by the Speech pathologist to increase his receptive expressive language skills. According to the objectives, the client was to choose a story to use with the Leap Frog learning device and read along with the story. He was also to play the game associated with the story. It was noted that during the observation, the QMRP did not direct the client to read along with the story as directed in the IPP objective. Interview with the QMRP on May 23, 2008 at approximately 11:30 a.m.	W 194	An in service training was given by the speech pathologist on accurate implementation of client #3. IPP goal. QMRP will supervise proper implementation of the goal on weekly basis.  An in-service training was done by the QMRP on 06/02/08 to ensure proper implementation of IPP goals.  Please see attachment -C	6/02/08



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W 322	<p>Continued From page 5</p> <p>February 7, 2005. At that time the client was uncooperative, however, the ENT specialist recommened Debrox drops and that the client return sedated.</p> <p>Further review of the the medical record revealed that Client #2's PCP prescribed Debrox ear drops on the following dates July 1, 2007, February 6, 2008, and March 5, 2008. The PCP's notes revealed the following:</p> <p>July 9, 2007 - wax bilaterally, some removed (Debrox) will attempt to remove remaining wax. Audiology after wax removal.</p> <p>February 26, 2008 - positive for wax. Debrox for 2 weeks audiology after removal.</p> <p>March 5, 2008 - wax partially removee from the ears. Client uncooperative. Will schedule ENT for removal after premedication.</p> <p>Review of the record failed to show evidence that the client was evaluated by an ENT specialist. Interview with the Qualified Mental Retardation Professional on May 23, 2008 at 11:50 a.m. revealed that the client had a scheduled ENT appointment for November 3, 2008 (eight months after the PCP's recommendation).</p> <p>3. The facility failed to ensure timely dental care for 2 of four clients in the sample. (See W356)</p> <p>4. The facility failed to ensure laboratory test ordered by the physician was obtained:</p> <p>Review of Client #3's medical record on May 21, 2008 at 2:54 p.m. revealed an order for the collection of a fasting blood sugar (FBS) and a</p>	W 322	<p>3. Please see answer to W 356</p> <p>4. Client #3 HgbA/A1C was done on 03/14/08. However the Lab was misfiled QMRP will make sure to keep all record in their assigned sections. See attachment -D</p>	03/14/08





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W 356	Continued From page 8 TREATMENT  The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure timely dental services, for three of the four clients included in the sample. (Clients #1, #2 and #3)  The finding includes:  1. During the snack and dinner observations conducted on May 21, 2008 and May 22, 2008 respectively, Client #1 was observed receiving a chopped diet. Review of the client's medical record on May 22, 2008 at approximately 4:08 p.m. revealed that he was evaluated by a dentist on October 16, 2007. The dentist recommended that the client return to the office in six (6) months, however the chart failed to show evidence that the client was followed up in six months (April 2008) The lack of dental follow-up was discussed with the facility's nurse on May 22, 2008.  2. Review of Client #3's medical record revealed that he was transported to the dental office on October 19, 2007. On that day it was documented that the client did not have an appointment that day but had one on November 19, 2007. The chart failed to show evidence that the client was evaluated by the dentist on November 19, 2007. The client was taken to the	W 356	1. Client #1 has a dental appointment on 07/1/08. The nursing staff and the QMRP will ensure that all appointments are executed in timely manner. <i>See attachment - G</i>  2. Client #3 dental appointment is scheduled for 7/10/08. The Nursing staff and the QMRP will ensure timely appointments.  Please see Attachment - H	07/1/08  07/10/08



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1000	INITIAL COMMENTS  This re-licensure survey was conducted from May 20, 2008 through May 23, 2008. Four clients were randomly selected from a client population of seven males with varying degrees of mental retardation. On May 22, 2008, questions surrounding the habilitation needs for one of the four clients arose based on observations, interviews and records reviews.  The survey findings of the survey was based on observation at the group home and day programs, interviews with staff at both locations and review of medical, habilitation and administrative records including incident reports.	1000		
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 and interview, the GHMRP failed to ensure the interior of the facility was maintained in a safe, clean, orderly, attractive and sanitary manner.  The findings include:  Observation and interview with the Facility Coordinator during the environmental inspection on May 23, 2008, revealed the following:  The couch in the living room had cracks in the leather exposing the foam padding. Interview with the facility's maintenance coordinator revealed	1090	Living room couch seats were replaced on 05/27/08.  Please see attachment - 5142	05/27/08

Health Regulation Administration

*Mamta Tiwari*

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Deputy Director D.C.-H.C*

TITLE

(X6) DATE

*6/27/08*

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1 090	Continued From page 1 that the clients were moving from their current address and will have new furniture at their new location.	1 090		
1 229	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 review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need.  The findings include:  The GHMRP 's staff failed to use Resident #4 's Dycem mat appropriately as recommended by the interdisciplinary team as evidenced below:  During the meal observations on May 21 and 22, 2008 at approximately 4:10 p.m. and 5:22 p.m. respectively revealed a green mat was placed on the table in front of Client #4. The plate elevator was placed on top of the mat. Interview with the QMRP on May 23, 2008 at approximately 1:30 p.m. and review of the clients record revealed that his Individual Support Plan (ISP) recommended that the client have a Dycem mat under his plate to stabilize it while he is eating and that the green mat observed under the plate elevator was considered a Dycem mat. The staff acknowledged that the mat should have	1 229	The staff were retrained on 06/02/08 on appropriate use of adaptive equipment for client # 4. QMRP and the HM will supervise the table setting before all meals.  Please see Attachment - B1 & 2	06/02/08

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I 229	Continued From page 2  been placed on top of the plate elevator to stabilize the plate as recommended in the client's ISP.	I 229			