

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

PRINTED: 02/22/2008
FORM APPROVED
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2008
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 428 "Q" STREET, NW WASHINGTON, DC 20001	
(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 recertification survey was conducted from February 11, 2008 through February 12, 2008. The survey was initiated using the fundamental survey process. A random sample of three clients was selected from a population of six males with various levels of mental retardation and disabilities. The findings of the survey was based on observations at the group home and two day programs, interviews with clients and staff, and the review of clinical and administrative records including incident reports.	W 000		
W 104	483.4 (a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility's governing body exercised general operating direction over the facility except for the following concerns. The finding includes: The facility's governing body failed to ensure the policy governing the criteria for its Human Rights Committee (HRC) was executed as outlined. Review of the HRC minutes on February 11, 2008 at 1:44 PM revealed meetings that were held on May 21, 2007 and November 13, 2007. According to the sign-in log, continued review of the minutes for the aforementioned dates revealed one community representative was	W 104	DC Health Care, Inc. will ensure all members of the Human Rights Committee will sign the attendance roster to validate the attendance.	2008 MAR -5 P 1:35 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION Ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kirney Stoph* TITLE: President (X6) DATE: 3/3/08

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 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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W 104	Continued From page 1 present for the aforementioned scheduled meetings. Review of the facility's policy entitled " Human Rights" on February 11, 2008 at 1:49 PM revealed three (3) community representatives and one (1) consumer should participate in the facility's quarterly scheduled HRC meetings. Interview with the Quality Assurance (QA) personnel on the aforementioned date revealed the facility usually has three community representatives to participate in their HRC meetings. Further interview and review of the sign-in log revealed there was one community representative present for the scheduled meetings.	W 104			
W 120	At the time of the survey, the facility failed to provide evidence of the presence of three community representatives for the aforementioned scheduled meetings. 483.41(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 observation, staff interview and record verification, the facility failed to ensure that outside services met the needs of one of the three clients in the sample. (Client #2) The finding includes: Interview with Client #2's day program staff revealed that the client participates in many outings and walks in the community. Staff further	W 120			

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W 120	Continued From page 2 revealed that during the outings, the client does not obey and adhere to survival signs (stop, don't walk and walk).	W 120			
W 130	Review of the client's day program Individual Program Plan (IPP) dated December 11, 2007 revealed a program objective that documented, "the client" will identify safety survival skills (stop and walk) for six consecutive months in one year. According to the program documentation book however, there was no evidence that the day program implemented the aforementioned program objective. Interview with the day program's Program Director confirmed that the program objective had not been implemented. 483.4211(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that clients were provided privacy or taught to exercise privacy throughout the day for one of the three clients in the sample. (Client #1). The findings include: 1. On February 11, 2008 at 10:40 AM Client #1 was observed at his day program. The client was observed wearing a shirt with the neck torn and both sides of the shirt had been ripped apart. At 10:42 AM, the day program staff was overheard calling the client to get his shirt changed. At 10:48 AM, the day program staff was observed to change the client's shirt with two other staff	W 130	A case conference with the day program was held on 02/26/08 to discuss the program implementation and IPP objectives. Day program had in-service training done on 02/12/08 for classroom staff to ensure proper IPP implementation. QMRP will visit day program monthly to monitor program objectives and implementation. [See attachment- A1 & A2]	02/26/08 02/12/08	
			A case conference with the day program was held on 03/03/08 to discuss the privacy issues and client rights. Day program will provide in-service training to classroom staff on privacy issues. QMRP will monitor day program on monthly basis. [see attachment B1, B2 & B3]	3/3/08	

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W 130	Continued From page 3 members present. Additionally, the day program Case Manager, twelve peers and the surveyor was also present in the classroom. It should be noted that the client was not wearing a tee shirt under his top shirt. At the time of the survey, the facility failed to provide Client #1 privacy while changing his shirt. 2. On February 11, 2008 at 7:28 AM, Client #1 was observed to go into the bathroom and urinate in the toilet with the door wide opened. The direct care staff was in the client's bedroom making the bed. The surveyor was standing in the client's bedroom doorway in clear view of the client using the toilet. The direct care staff asked the surveyor to step inside the client's bedroom so the client could have privacy while using the bathroom. The direct care staff continued to make the client's bed. At no time during the observation did the staff attempt to protect Client #1's privacy nor did they instruct the client to protect his own privacy by closing the door.	W 130	An in-service training was provided to all residential staff on 03/02/08 on privacy issues and resident rights. QMRP will continue to provide in-house training on privacy and client rights. [See attachment 'c']	03/02/08
W 137	483.421(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that clients had clothing that was the appropriate size for one of the three clients included in the sample. (Client #1)	W 137		

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W 137	<p>Continued From page 4</p> <p>The finding includes:</p> <p>1. The facility failed to ensure Client #1's day program provided privacy while assisting him with changing his clothing.</p> <p>Observation at Client #1's day program on February 11, 2008 at 10:40 AM revealed the client was observed at his day program. The client was observed wearing a shirt with the neck torn and both sides of the shirt had been ripped apart. At 10:42 AM, the day program staff was overheard calling the client to get his shirt changed. At 10:48 AM, the day program staff was observed to change the client's shirt in front of two other staff members, the day program case manager, twelve peers and the surveyor. It should be noted that while the client was being assisted with changing his shirt, his chest was exposed. At the time of the survey, the facility failed to ensure Client #1's day program made certain that he was provided privacy while changing his shirt.</p> <p>2. The facility failed to ensure that the day program provided Client #1 with clothing that fit appropriately.</p> <p>Observation at Client #1's day program at 10:55 AM, revealed the client holding his pants up by the waistband. Interview with the day program coordinator revealed that the client did not wear a belt, because he has ripped all of the belt loops off of his pants.</p> <p>At 11:03 AM, Client #1 was observed to hold his pants up while walking to the bathroom. The client's pants appeared to be at least two sizes</p>	W 137	<p>A case conference with the day program was held on 03/03/08 to discuss the privacy issues and client rights. Day program will provide in-service training to classroom staff on privacy issues. QMRP will monitor day program on monthly basis. [see attachment - B1, B2 & B3]</p> <p>A case conference was held at the day program on 03/03/08 to discuss the cloth tearing behavior. As a result of the meeting it was outlined that client#1 will be provided with 5 pairs of shirts and 2 pants everyday from his residence and day program will ensure that they have received appropriate clothes. QMRP, House Manager and Day program staff will continue to monitor. [see attachment - B1, B2 & B3]</p>	03/03/08	03/03/08

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W 137	Continued From page 5 too big for him. After using the bathroom, he was escorted to the "Fitness Room." The day program direct support professional staff (DSP) verbally prompted the client to step onto a treadmill. Once the client stepped on the treadmill he was observed to hold his pants with his left hand and hold onto the treadmill with his right hand. The DSP was further observed to instruct Client #1 to place both of his hands on the treadmill and ensured the client that he would hold his pants for him. Throughout the observation, Client #1 was troubled and anxious about his pants falling off of his waist. At 11:13 AM, Client #1 was verbally prompted to assist with preparing snacks for his peers. The client was observed to hold a tray with both hands while the DSP staff placed individual containers of fruit cocktail on it. The client's pants were observed to begin to fall off of his waist. The DSP pulled the client's pants up and turned his waist band over to ensure that his pants would not continue to fall off of his waist. Note: During the exit conference on February 12, 2008 an interview revealed that Client #1 tears his clothes so often that the pants that he was wearing may have not been his property.	W 137	A case conference was held at the day program on 03/03/08 to discuss the cloth tearing behavior. As a result of the meeting it was outlined that client#1 will be provided with 5 pairs of shirts and 2 pants everyday from his residence and day program will ensure that they have received appropriate clothes. QMRP, House Manager and Day program staff will continue to monitor. See attachment- B1, B2 & B3]	03/03/08
W 159	483.43((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 verification, the facility failed to ensure each	W 159		

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W 159	Continued From page 6 client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP), for two of the three clients (Clients #1, #2, #3, and #4) included in the sample. The findings include: 1. The QMRP failed to ensure that outside services met the client's needs. [See W120] 2. The QMRP failed to ensure that clients' Individual Program Plans (IPP) included training in privacy skills in both formal and informal setting. [See W242] 3. The QMRP failed to ensure that as soon as the interdisciplinary team formulated the Individual Program Plan (IPP), clients received a continuous active treatment consisting of needed interventions to achieve identified objectives. [See W249] 4. The QMRP failed to provide evidence that Individual Program Plans (IPP) were reviewed and revised once the client had successfully completed an objective. [See W255]	W 159	Please see answer to W120. The QA provided QMRP with an in-service training on active treatment and effective program implementation on 02/28/08. [See attachment E] Please see answer to W242. Please see answer to W249.	02/28/08	
W 242	483.44(c)(6)(ii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.	W 242			

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W 242	Continued From page 7 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to ensure that clients' individual program plans (IPP) included training in privacy skills, for one of the three clients in the sample. (Client #1) The finding includes: [Cross refer to W130]. On February 11, 2008 at 7:28 AM, Client #1 was observed to go into the bathroom and urinate in the toilet with the door wide opened. The direct care staff was in the client's bedroom making the bed. The surveyor was standing in the client's bedroom doorway in clear view of the client using the toilet. The direct care staff asked the surveyor to step inside the client's bedroom so the client could have privacy while using the bathroom. The direct care staff continued to make the client's bed. At no time during the observation did the staff attempt to protect Client #1's privacy nor did they instruct the client to protect his own privacy by closing the door.	W 242	Please see answer to W130.		
W 249	483.44 (d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249			

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W 249	Continued From page 8 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that as soon as the interdisciplinary team formulated client's individual program plan, each client received continuous active treatment services, in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan (IPP), for one of the three clients included in the sample. (Client #1) The finding includes: The facility failed to implement Client #1's IPP as evidenced below: Interview with the Qualified Mental Retardation Professional (QMRP) and record review on February 12, 2008 at 11:57 AM revealed that the client had an Individual Habilitation Plan (IHP) dated February 9, 2008. The interview with the QMRP revealed that the client's Individual Program Plan (IPP) had not been implemented. The surveyor queried the QMRP regarding when Client #1's program objectives would be implemented and his response was that the program objectives would be implemented next week. At the time of the survey the facility failed to ensure the program objectives to make a simple purchase with 50 % independence and to identify body parts with 50 % independence had been implemented for Client #1.	W 249	The QA provided QMRP with an in-service training on active treatment and effective program implementation on 02/28/08. [See attachment E]	2/28/08	
W 255	483.411(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation	W 255			

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W 255	<p>Continued From page 8</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interviews and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise the Individual Program Plan (IPP) once the client successfully completed an objective identified in the IPP for one of the three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>The facility failed to revise Client #3's BSP once the client successfully achieved the established criteria.</p> <p>During the entrance conference on February 11, 2008 at approximately 9:00 AM, the Qualified Mental Retardation Professional (QMRP) indicated that Client #3 had a Behavior Support Plan (BSP) to address his maladaptive behaviors.</p> <p>Record verification of the BSP dated February 22, 2007 on February 12, 2008 at approximately 11:00 AM indicated that rumination was one of the client's targeted behaviors. The objective stated, "the client will decrease rumination to zero incidents per month for six consecutive months." According to the Psychology Quarterly reviews from February 2007 through October 2007, the client had not displayed any incidents of rumination.</p> <p>There was no evidence that the QMRP revised</p>			W 255	<p>All BSP's were reviewed, discussed and approved on 02/12/08 by the HRC and Psychologist. An in-service training to all direct support staff is scheduled for 03/04/08.</p>		<p>03/04/08 E 02/12/08</p>

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W 255	Continued From page 10 Client #3's behavior objectives once he met the established criteria.	W 255			

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1000	INITIAL COMMENTS An annual relicensure survey was conducted from February 11, 2008 through February 12, 2008. A random sample of three clients were selected from a population of six males with various levels of mental retardation and disabilities. The findings of this survey were based on observations at the group home, two day programs, interviews with clients and staff at both the group home and day programs, review of clinical and administrative records to include the facility's unusual incident reports.	1000		
1108	3504.15- HOUSEKEEPING Each G-HMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to his or her daily activities. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure that clients had clothing that was the appropriate size for one of the three residents included in the sample. (Resident #1) The finding includes: The facility failed to ensure that Resident #1 was wearing appropriate sized pants while attending his day program as evidenced below: On February 11, 2008 at 10:55 AM Resident # 1 was observed at his day program. The resident was observed holding his pants up by the waistband. Interview with the day program coordinator revealed that the resident does not wear a belt, because he has ripped all of his belt	1108		

Health Regulation Administration

Orney Shyler

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

President

(X6) DATE

3/3/08

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1108	Continued From page 1 loops off of his pants. At 11:06 AM, Resident #1 was observed to hold his pants up while walking to the bathroom. The resident's pants appeared to be at least two sizes too big for him. After using the bathroom, the client was escorted to the "Fitness Room." The day program direct support professional staff (DSP) verbally prompted the resident to step up on a treadmill. Once the resident stepped on the treadmill he was observed to hold his pants with his left hand and hold onto the treadmill with his right hand. The staff was observed to instruct Resident #1 to place both of his hands on the treadmill and ensured the resident that he would hold his pants for him. Throughout the observation, the resident was troubled and anxious about his pants falling off of his waist. At 11:18 AM, Resident #1 was verbally prompted to assist with preparing snacks for his peers. The resident was observed to hold a tray of snacks with both hands while the DSP staff placed individual containers of fruit cocktail on it. The resident's pants were observed to fall off of his waist. The DSP pulled the resident's pants up and turned his waist band over to ensure that his pants would not continue to fall off of his waist. Note: During the exit conference on February 12, 2008 an interview revealed that Resident #1 tears his clothes so often that the pants that he was wearing may have not been his property.	1108	A case conference was held at the day program on 03/03/08 to discuss the cloth tearing behavior. As a result of the meeting it was outlined that client #1 will be provided with 5 pairs of shirts and 2 pants everyday from his residence and day program will ensure that they have received appropriate clothes. QMRP, House Manager and Day program staff will continue to monitor. [See attachment B1, B2 & B3]	03/03/08
1208	3609.8 PERSONNEL POLICIES Each employee, prior to employment and annual / thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status	1208		

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NAME OF PROVIDER / SUPPLIER D C HEALTH CARE:		STREET ADDRESS, CITY, STATE, ZIP CODE 426 "Q" STREET, NW WASHINGTON, DC 20001		
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1208	Continued From page 2 would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3809.6). The finding includes: The State regulatory agency conducted a review of personnel records on February 12, 2008, at which time there was no evidence that two direct care staff (Staff #4 and #12), one medication nurse (Nurse #1), and Primary Care Physician had current health certificates.	1208	Health certificates on identified staff persons obtained. [see attachment - D1, D2, D3, D4 & D5]	
1408	3520.7 PROFESSIONAL SERVICES: GENERAL PROVISIONS Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners. This Statute is not met as evidenced by: Based on observation, interview and record review the GHMRP failed to ensure professional services had been provided in accordance with each resident's needs for one of the three residents in the sample. (Resident #1) The findings include:	1408		

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1405	Continued From page 3 1. On February 11, 2008 at 10:40 AM Resident #1 was observed at his day program. The resident was observed wearing a shirt with the neck torn and both sides of the shirt had been ripped apart. At 10:42 AM, the day program staff was overheard calling the resident to get his shirt changed. At 10:48 AM, the day program staff was observed to change the resident's shirt with two other staff members present. Additionally, the day program case manager, twelve peers and the surveyor was also present in the classroom. It should be noted that the resident was not wearing a tee shirt under his top shirt. At the time of the survey, the facility failed to provide resident #1 privacy while changing his shirt. 2. On February 11, 2008 at 10:55 AM Resident #1 was observed at his day program. The resident was observed holding his pants up by the waistband. Interview with the day program coordinator revealed that the resident does not wear a belt, because he has ripped all of his belt loops off of his pants. At 11:03 AM, Resident #1 was observed to hold his pants up while walking to the bathroom. The resident's pants appeared to be at least two sizes too big for him. After using the bathroom, the resident was escorted to the "Fitness Room." The day program direct support professional staff (DSP) verbally prompted the resident to step up on a treadmill. Once the resident stepped on the treadmill he was observed to hold his pants with his left hand and hold onto the treadmill with his right hand. The staff was observed to instruct the resident to place both of his hands on the treadmill and ensured the resident that he would hold his pants for him. Throughout the	1405	A case conference with the day program was held on 03/03/08 to discuss the privacy issues and client rights. Day program will provide in-service training to classroom staff on privacy issues. QMRP will monitor day program on monthly basis. <i>See attachment - B1 - B3</i> A case conference was held at the day program on 03/03/08 to discuss the cloth tearing behavior. As a result of the meeting it was outlined that client#1 will be provided with 5 pairs of shirts and 2 pants everyday from his residence and day program will ensure that they have received appropriate clothes. QMRP, House Manager and Day program staff will continue to monitor. <i>[see attachment B1 - B3]</i>	03/03/08 03/03/08

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1405	Continued From page 4 observation, Resident #1 was troubled and anxious about his pants falling off of his waist.	1405		
1422	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 State is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to Resident #1 in accordance with his Individual Habilitation Plan (IHP). The finding includes: The facility failed to implement Client #1's IPP as evidenced below: Interview with the Qualified Mental Retardation Professional (QMRP) and record review on February 12, 2008 revealed that Client #1 had an Individual Habilitation Plan (IHP) meeting on February 3, 2008. The interview with the QMRP at 11:57 AM revealed that the client's Individual Program Plan (IPP) had not been implemented. The surveyor queried the QMRP regarding when Client #1's program objectives would be implemented and his response was that the program objectives would be implemented next week. At the time of the survey the facility failed to ensure the program objectives to make a simple purchase with 50% independence and to identify body parts with 50% independence had been implemented for Client #1.	1422	The QA provided QMRP with an in-service training on active treatment and effective program implementation on 02/28/08. [See attachment - E]	02/28/08

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1424	Continued From page 5	1424		
1424	<p>3521.5(a) HABILITATION AND TRAINING</p> <p>Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client:</p> <p>(a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan;</p> <p>This State is not met as evidenced by: Based on observation, staff interview and record review the GHMRP failed to make modifications to the residents's program at least every six months when the resident has successfully completed an objective identified in the Individual Program Plan for one of the two residents in the sample. (Resident #3)</p> <p>The finding include:</p> <p>The facility failed to revise Resident #3's BSP once the client successfully achieved the established criteria.</p> <p>During the entrance conference on February 11, 2008 at approximately 9:00 AM, the Qualified Mental Retardation Professional (QMRP) indicated that Resident #3 had a Behavior Support Plan (BSP) to address his maladaptive behaviors.</p> <p>Record verification of the BSP dated February 22, 2007 on February 12, 2008 at approximately 11:00 AM indicated that rumination was one of the resident's targeted behaviors. The objective stated, "the client will decrease rumination to zero incidents per month for six consecutive months." According to the Psychology Quarterly reviews from February 2007 through October</p>	1424	<p>All BSP's were reviewed, discussed and approved on 02/12/08 by the HRC and Psychologist. An in-service training to all direct support staff is scheduled for 03/04/08.</p>	2/12/08

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1424	Continued From page 6 2007, the resident had not displayed any incidents of rumination. There was no evidence that the QMRP revised Client #3's behavior objectives once he met the established criteria.	1424		
1431	<p>3621.7(e) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRI shall include, when appropriate, but not be limited to, the following areas:</p> <p>(b) Toileting (including use of equipment);</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure residents were effectively trained in privacy skills for one of the three residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>On February 11, 2008 at 7:26 AM, Resident #1 was observed to go into the bathroom and urinate in the toilet with the door wide opened. The direct care staff was in the resident's bedroom making the bed. The surveyor was standing in the client's bedroom doorway in clear view of the client using the toilet. The direct care staff asked the surveyor to step inside the resident's bedroom so the resident could have privacy while using the bathroom. The direct care staff continued to make the resident's bed.</p> <p>At no time during the observation did the staff attempt to protect Resident #1's privacy nor did they instruct the resident to protect his own privacy by closing the door.</p>	1431	<p>An in-service training was provided to all residential staff on 03/02/08 on privacy issues and resident rights. QMRP will continue to provide in-house training on privacy and client rights.</p> <p>Please see answer to W130.</p>	03/02/08

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1500	Continued From page 7	1500		
1500	<p>3523.1 RESIDENT'S RIGHTS</p> <p>Each QHMRP 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.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the QHMRP failed to ensure the protections of each resident rights for one of the three residents included in the sample. (Resident #1)</p> <p>The findings include:</p> <p>1. On February 11, 2008 at 10:40 AM Client #1 was observed at his day program. The client was observed wearing a shirt with the neck torn and both sides of the shirt had been ripped apart. At 10:42 AM, the day program staff was overheard calling the client to get his shirt changed. At 10:48 AM, the day program staff was observed to change the client's shirt with two other staff members present. Additionally, the day program Case Manager, twelve peers and the surveyor was also present in the classroom. It should be noted that the client was not wearing a tee shirt under his top shirt.</p> <p>At the time of the survey, the facility failed to provide Client #1 privacy while changing his shirt.</p> <p>2. On February 11, 2008 at 7:26 AM, Resident #1 was observed to go into the bathroom and urinate in the toilet with the door wide opened. The direct care staff was in the resident's bedroom making the bed. The surveyor was</p>	1500	<p>A case conference with the day program was held on 03/03/08 to discuss the privacy issues and client rights. Day program will provide in-service training to classroom staff on privacy issues. QMRP will monitor day program on monthly basis.</p>	03/03/08

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1500	<p>Continued From page 8</p> <p>standing in the client's bedroom doorway in clear view of the client using the toilet. The direct care staff asked the surveyor to step inside the resident's bedroom so the resident could have privacy while using the bathroom. The direct care staff continued to make the resident's bed.</p> <p>At no time during the observation did the staff attempt to protect Resident #1's privacy nor did they instruct the resident to protect his own privacy by closing the door.</p>	1500	<p>An in-service training was provided to all residential staff on 03/02/08 on privacy issues and resident rights. QMRP will continue to provide in-house training on privacy and client rights.</p>	03/02/08