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SYMBRAL FOUNDATION FOR COMMUNITY SERVICES, INC.

P.O. Box 60672
WASHINGTON, D.C. 20039

914 SILVER SPRING AVENUE,
SUITE 103
SILVER SPRING, MARYLAND 20910
TELEPHONE # : (301) 650-5722
FAX NUMBER: (301) 650 -5729

February 27th, 2007

To: Patricia VanBuren
Program Manager ICF Division
Department of Health
825 North Capital Street, NE
Washington, DC 20001

Dear Ms VanBuren;

You will find enclosed the Plan of Correction for our Harmony Home located at 521 Kennedy St. NE Washington DC 20011. We have corrected the required responses as directed.

If you have any questions regarding the documents we sent to you please feel free to contact Rhonda Seegobin or Gemma Calliste, Program Manager at (301) 650-5722.

Sincerely,

Dr. Yvonne Mohammed, CEO

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

PRINTED: 02/16/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	09G058		R 02/08/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMBRAL	521 KENNEDY STREET, NE WASHINGTON, DC 20011

(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	{W 000}		
	A B visit survey was conducted on February 8, 2007. This survey process focused on verifying continuous compliance with federal requirements in the Conditions of Governing Body, Client Protections and Health Care Services. Four females with varying degrees of disabilities reside in this facility. The survey sample was derived from a random sampling of two of the four clients. The survey findings are based on observations in the group home in addition to interviews with residential and nursing staff. A review of records that included unusual incident reports was also conducted. The survey resulted in compliance with no standard level deficiencies.			
{W 124}	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right of each client or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for one of the two clients in the sample. (Client #2) The finding includes: The facility failed to ensure clients were informed	{W 124}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Yvonne Mohammed | TITLE: CEO | (X6) DATE: 02/27/07

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 124}	Continued From page 1 of the risks and benefits of their psychotropic medications and behavior management plans. Review of Client #2's current physician orders revealed that the client receives Thorazine and Prozac for the management of his maladaptive behaviors. The nurse indicated that the client received these medication for his maladaptive behaviors. Review of Client #2's record failed to show evidence that written consent had been obtained for the use of the above medications. There was no evidence that the potential risks involved in using these medications, or the right to refuse these medications had been explained to the client. Interview with the Qualified Mental Retardation Professional (QMRP) and the House Manager on February 8, 2007 indicated that Client #2 has obtained a legal guardian on January 23, 2007. However the consent forms had not been obtained regarding Client #2's restrictive measures to include his BSP and psychotropic medications. Additional, review of Client #2's habilitation records revealed a psychological assessment dated August 8, 2006. The assessment documented the client "is not competent to make independent decisions regarding health, medical and financial decisions.	{W 124}	The facility has secured a legal guardian for consumer number #2 on 1/23/2007. The Guardian has reviewed and signed the consumer's "Bill of Rights" and consent forms on 2/22/2007. The facility is currently using other strategies to secure the appointment of legal guardian for all consumers with the assistance of DDS. Upon with thirty (30) days of admission to a facility, Symbral will review consumer's records and assess the need for Legal Guardian/ Surrogate Decision Maker. Further cross reference with W263.	2/22/2007 and ongoing
{W 263}	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.	{W 263}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMBRAL	621 KENNEDY STREET, NE WASHINGTON, DC 20011

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{W 263}	Continued From page 2 This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that programs, which incorporate restrictive techniques, were conducted only with the written informed consent of the client or legal guardian for one of the two clients in the sample. (Client #2) The finding includes: [Cross Reference W124] There was no evidence that the HRC had informed consent for the use of the behavior support plans that included the use of psychotropic medications,	{W 263}	The facility has secured a legal guardian for consumer number #2 on 1/23/2007. The Guardian has reviewed and signed the consumer's "Bill of Rights" and consent forms on 2/22/2007. The facility is currently using other strategies to secure the appointment of legal guardian for all consumers with the assistance of DDS. Upon with thirty (30) days of admission to a facility, Symbral will review consumer's records and assess the need for Legal Guardian/ Surrogate Decision Maker. Further cross reference with W263.	2/22/2007 and on going