

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2010
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NAME OF PROVIDER OR SUPPLIER SYMBRAL FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 722 "L" STREET, NE WASHINGTON, DC 20002
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W 000	INITIAL COMMENTS A recertification survey was conducted from 6/1/10 through 6/2/10. The survey was completed utilizing the fundamental survey process. A sampling of one client was selected from a residential population of one male with several degrees of disability. The findings of the survey were based on observations and interviews in the home and at one day program, as well as a review of the client and administrative records, including the incident reports.	W 000	Symbtral's governing body received deficiency report and have implemented the necessary interventions to ensure compliance. QA Team, QMRP, DON, LPN Case Managers and House Manger will monitor to ensure compliance. <i>Received 6/22/10</i> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	6/16/10 and ongoing
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 failed to ensure the Qualified Mental Retardation Professional (QMRP) coordinated, integrated, and monitored services, for one of one client in the sample. (Client #1) The finding includes: Cross refer to W460 and W464. The facility's QMRP failed to coordinate services with the nutritionist to ensure staff were effectively trained on Client #1's weight reduction diet, and its relationship to the provision of food as an integral part of a program to manage inappropriate behavior, as evidenced below: On 6/2/10, at 3:30 p.m., Client #1 was observed	W 159	Consulting Nutritionist, QMRP and House Manager provided staff with several in services in referenced to individual #1 meal time protocol, adherence to prescribing menu and portion control as per dietary order in an attempt address weight loss. The necessary adjustment will be made as specified. All staff will be inserviced on dietary order as adjusted. Consulting Nutritionist received letter on 6/16/10 asking her to clarify order to specificity of "snacks-fresh fruits and vegetables."	6/30/10 and ongoing 6/30/10 and ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>CFO</i>	(X6) DATE <i>6-22-10</i>
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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 159	<p>Continued From page 1</p> <p>eating yogurt from an 8 ounce container and drinking a red colored beverage from an eight ounce glass. As he ate the snack, he was observed seated at the dining table with the qualified mental retardation professional (QMRP), the primary licensed practical nurse (PLPN) . and the house manager (HM).</p> <p>Interview with Client #1 on 6/2/10, at 3:43 p.m., revealed that he had received yogurt, graham crackers and cranberry juice for his snack. Interview with the HM 6/2/10, at 3:46 p.m., indicated that the client was permitted to have snacks of fruits and vegetables and that the client had selected the snack himself from a variety of allowed foods. Discussion with the QMRP 6/2/10, at 3:51 p.m., indicated that Client #1's physician's order of 1800 calorie regular diet permitted him to have snacks of fresh fruits and vegetables.</p> <p>Record review on 6/2/10, at 2:37 p.m., revealed a current physician's order dated 6/1/10 that documented an "1800 kcal diet with snacks, (fresh fruits and vegetables), to promote weight loss. The review of the training records on 6/2/10, at 2:43 p.m., revealed on 9/16/09, staff received training on nutrition and health (balanced diet, low fat, low calorie and high fiber diets). Continued review of training records reflected that on 2/18/10, all staff had been provided training on mealtime protocols.</p> <p>On 6/2/10, at 1:50 p.m., the review of Client #1's behavior support plan (BSP) dated 8/3/2009, revealed he was allowed edible treats (small amounts of nutritious snack foods), as reinforcers. On 6/2/10 at 4:30 p.m., the review of Client #1's most recent nutritional assessment dated 4/30/10 revealed the client continued to be</p>	W 159	<p>Upon nutritionist clarification, POF, meal time protocol (Home and Day Program) Behavior Support Plan as per Psychologist will be amended clearly spelling out dietary order as per Nutritionist in reference to edible snacks/treats.</p> <p>Staff will also re-inserviced on clarity of Nutritional order.</p> <p>Consulting Nutritionist has been requested to observe two (2) served meals per month for the next 6 months.</p> <p>QMRP, House Manager and LPN Charge Nurse will monitor meal time 3 times per week for the next 90 days.</p> <p>Nutritionist, QA Team, DON, QMRP, House Manager and LPN Charge Nurse will continue to monitor to ensure compliance.</p>	7/1/10 and ongoing

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W 159	Continued From page 2 obese (33 pounds above his desirable weight). It should be noted that at the time of the survey, there was no evidence that either the nutritional assessment of the current menu included edible treats or between meal snacks.	W 159		
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide preventive health services for one of one client in the sample. (Client #1) The finding includes: Cross refer to W480. The facility failed to address the the use of medication as a possible contributor to Client #1's weight gain, as evidenced below. Observation of Client #1 on 6/1/10, at 11:17 a.m., revealed that he appeared to be overweight for his height. On 6/1/10, at 5:07 p.m., the QMRP revealed that Client #1's prescribed 1800 calorie diet permitted him to have fruits and vegetable as snacks. Further discussion with the home manager and the QMRP at this time revealed the client's weight management regimen had been designed by the consulting nutritionists who recommended an 1800 calorie diet with fresh fruits and vegetables as a snack. They acknowledged that a nutritionist had periodically monitored the client at mealtime,	W 322	Letters dated 2/16/10 was sent to individual #1 consulting Nutritionist, PCP and Psychiatrist to query the effect of Psychotropic Medication Thorazine as a contributing factor to individual's weight gain. Nutritionist addressed the issue in her assessment summary dated 4/30/10 where she cited Thorazine as being a contributing factor, given that she had periodically observed meal time and noted strict adherence to diet prescribed. A second letter asking individual's #1 PCP and Psychiatrist to address Thorazine as being a contributing factor to his weight gain was delivered on 6/16/10.	6/16/10 and ongoing 6/16/10 and ongoing

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W 322	<p>Continued From page 3</p> <p>however, the client had experienced a net weight gain of 13 pounds during the past 12 months. The review of health records on 6/2/10 at 2:37 p.m., revealed the client weighed 210 pounds in 7/09 and 225 pounds in 5/10.</p> <p>Record review on 6/2/10 at 4:19 p.m., confirmed Client #1 had a current physician's order (dated 6/1/10) for an 1800 calorie diet with snacks of fresh fruits and vegetables, which was initially prescribed on 3/30/2009 for weight loss. According to the annual nutritional assessment dated 7/10/2009, the client was 71 inches tall and had a desirable body weight (DBW) range of 150 to 192 pounds, and he was at 100% of his DBW.</p> <p>On 6/2/10, at 4:30 p.m., the review of Client #1's quarterly nutrition assessment dated 4/30/10 revealed, the client was obese. The assessment noted that the nutritionist had conducted meal observations and the meals strictly adhered to the menus and the client's calorie restriction. The 4/30/10 nutrition assessment summary mentioned that Thorazine (200 mg BID,) had a potential drug nutrient interaction of causing increased appetite and weight gain. Continued record review revealed that the client had been receiving Thorazine (Chlorpromazine HCl) 200 mg twice daily since 7/9/09.</p> <p>Review of the psychiatric assessment dated 7/27/09 on 6/2/10, at 3:35 p.m. revealed, "Thorazine -200 mg by mouth twice daily - Anti-aggression/Mood stabilizer (range: 75 -300 mg/day). The 5/7/10 psychotropic medication team review revealed the client was receiving the medication to address his diagnosis of intermittent explosive disorder. During the review, which was signed by the psychiatrist, the primary</p>	W 322	<p>Both consultants, Pharmacy document (side of effect of medication) have cited weight gain as a side effect of Psychotropic Medication Thorazine.</p> <p>In addition Psychiatrist has reiterated that Thorazine cannot be lowered given the individual Axis 1 diagnosis of Intermittent explosive disorder and any lowering of medication will likely cause an exacerbation of behavior in an individual who is already difficult to manage.</p> <p>Nutritionist, Psychiatrist, PCP, QMRP, DON, LPN Case Manager and House Manager will continue to monitor to ensure compliance.</p>	6/18/10 and ongoing	

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W 322	<p>Continued From page 4</p> <p>licensed practical nurse (LPNC), the qualified mental retardation professional (QMRP), and the home manager *HM), the psychiatrist noted that the Thorazine could not be lowered because of "likely exacerbation of behavior in an individual who can be difficult to manage."</p> <p>At the time of the survey, however, there was no evidence that the medical team had coordinated services to rule out the prescribed Thorazine (Chlorpromazine HCl) as a possible contributor to the client's weight gain.</p>	W 322		
W 356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of one client in the sample received timely treatment services for the maintenance of his dental health. (Client #1)</p> <p>The finding includes:</p> <p>Interview with staff on 6/1/10, at 4:02 p.m., revealed that Client #1 was mostly independent for toothbrushing. Continued discussion with the staff revealed that the client had a new dental bridge.</p> <p>Record review on 6/1/10 at 4:06 p.m., revealed a 7/24/09 individual support plan (ISP) recommendation that Client #1 have a dental</p>	W 356	<p>A-C: The Nursing Team is currently exploring another Dental Provider. DON, will review and identify any delayed procedure due to lack of prior authorization approval or practitioner rescheduling.</p> <p>DON will document delay and efforts for earliest rescheduling for recommended services.</p> <p>All future consultations will have a copy of the previous visit attached to the current appointment consultations to avoid practitioner not addressing previously recommend treatments.</p> <p>DON will monitor quarterly to ensure compliance. DDS Service Coordinator will receive notification of outstanding dental procedures which are 60 days past due as a result of lack of prior authorization approval.</p>	6/30/10 and ongoing

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W 356	<p>Continued From page 5</p> <p>scaling every six months. Continued record review revealed the following information concerning the client's dental health:</p> <p>a. 5/27/09 Oral examination - Heavy calculus; patient needs scaling every 4 months. Revisit scheduled for 9/21/09.</p> <p>b. 9/21/09 - Client went to dental office for recall visit to have scaling. He was not seen due to the dentist having an emergency. He was, however, was given an appointment for 10/7/09.</p> <p>c. 10/7/09 - Dental examination revealed moderate calculus deposits; needs scaling. adult prophylaxis, polishing. The dentist also noted that the client had lost his "partial flipper" and that it needed to be replaced.</p> <p>Although the record reflected that the client returned to the dentist on 3/8/10, 4/20/10, and 4/28/10 for services related to the replacement of his dental bridge, he did not receive the dental scaling recommended on 5/27/09 or 10/7/09. On 4/28/10, the dentist again noted "Patient needs scaling; will submit for prior approval and will call to schedule once approval for services returns.</p> <p>Interview with the designated licensed practical nurse (DLPN) on 6/2/10, at 3:05 p.m. revealed, that Client #1's last dental scaling was performed on 1/7/09. The DLPN stated that when she telephoned the dentist's office on 6/2/10, the client was then scheduled for an appointment for a dental scaling on 6/30/10.</p> <p>At the time of the survey, there was no evidence that the facility ensured that the Client #1 received dental treatment services in accordance with the</p>	W 356	See page 5.		

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W 356 W 460	<p>Continued From page 6</p> <p>IDT recommendation for his dental health.</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that one of one client in the sample received his modified diet as prescribed. (Client #1)</p> <p>The finding includes:</p> <p>The facility failed to ensure that Client #1's therapeutic diet was monitored and incorporated the use of snacks and edible treats as reinforcers, as evidenced below:</p> <p>Observation of Client #1 on 6/1/10 at 11:17 a.m., revealed that he appeared to be overweight for his height. On 6/2/10 at 3:30 p.m., the client was observed snacking on yogurt and cranberry juice, and stated that he had also eaten graham crackers with his snack.</p> <p>Interview with Client #1's day program administrator on 6/1/10 at 10:40 a.m. revealed he was prescribed an 1800 calorie diet to encourage weight loss. On 6/1/10 at 5:07 p.m., the QMRP revealed that Client #1's prescribed 1800 calorie diet permitted him to have fruits and vegetable as snacks. On 6/2/10 at 3:50 p.m., the home manger indicated that the client was able to have yogurt, fresh fruits, and vegetables as snacks. Further discussion with the home manager and</p>	W 356 W 460	Crossed referenced and adapted with W159.	6/30/10 and ongoing	

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W 460	<p>Continued From page 7</p> <p>the QMRP at this time revealed the client's weight management regimen had been designed by the consulting nutritionist who recommended an 1800 calorie diet with fresh fruits and vegetables as a snack. They acknowledged that the nutritionist had periodically monitored the client at mealtime, however, the client had experienced a net weight gain of 13 pounds during the past 12 months. They also stated that as a result of the client's failure to lose weight, two consultations were held with a different nutritionist at a local hospital, to obtain a second opinion. According to the QMRP, the two nutritionists' findings and recommendations were similar.</p> <p>Record review on 6/2/10 at 4:19 p.m., confirmed Client #1 had a current physician's order (dated 6/1/10) for an 1800 calorie diet with snacks of fresh fruits and vegetables, which was initially prescribed on 3/30/2009 for weight loss. According to the annual nutritional assessment dated 7/10/09, the client was 71 inches tall and had a desirable body weight (DBW) range of 150 to 192 pounds, and he was at 100% of his DBW. This 7/10/09 nutritional assessment noted the client's current weight as 187 pounds. The nutritionist questioned the accuracy of the 187 pounds. It should be noted, however, that client's medical record weight chart revealed an entry of 210 pounds as the 7/2009 weight, which reflected a 23.5 difference from the weight documented on the nutritional assessment.</p> <p>Continued review of the 7/10/09 annual nutritional assessment at the 4:35 p.m., revealed it noted the client's current diet order as a "regular diet", and failed to address the client's 1800 calorie diet for weight reduction which was actually the currently prescribed at that time. The weight</p>	W 460	<p>In addition weight record covering period identified was sent to Nutritionist for review and the discrepancy in weight will be addressed and the necessary amendment reflected on Nutritional Assessment as amended. An accompanying letter was also sent requesting Nutritionist to carefully evaluate weight records and dietary recommendations and ensure accurate weights are reflected in Nutritional Assessments.</p> <p>DON, LPN Charge Nurse, QMRP and House Manager have been re-inserviced by CEO to check all details as provided in each individual reports as written by all consultants for error and ensure corrections to the same before filing documents in the individual records.</p> <p>QA Team, DON, LPN Charge Nurse, QMRP and House Manager will continue to monitor to ensure compliance.</p>	6/16/10 and ongoing

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W 480	<p>Continued From page 8</p> <p>record revealed although the client had been prescribed the calorie restricted diet since 2009, he had experienced the following net weight gain:</p> <p>6/2009 - 211 7/2009 - 210 8/2009 - 211 10/2009 - 212 11/2009 - 213 12/2009 - 218 1/10 - 228 2/10 - 228 3/10 - 226 4/10 - 225 5/10 - 225 3/4</p> <p>On 6/2/10 at 4:30 p.m., the review of Client #1's quarterly nutrition assessment dated 4/30/10 revealed the client was obese. This assessment documented the client's 10/2009 weight as 186 pounds, which was 26 pounds below the 212 pounds documented on the medical record weight chart for that same month. The assessment noted that the nutritionist had conducted meal observations and that the meals strictly adhered to the menus and the client's calorie restriction. In the client's quarterly assessment dated 4/30/10, the nutrition summary mentioned that Thorazine (200 mg BID,) had a potential drug nutrient interaction by causing increased appetite and weight gain. Accurate weight monitoring was recommended by the nutritionist.</p> <p>At the time of the survey, however, there was no evidence the consumption of snacks and edible behavioral reinforcers had been addressed, or the effectiveness of Client #1 weight reduction had been closely monitored.</p>	W 480	See page 8.		

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W 464	<p>483.480(a)(4) FOOD AND NUTRITION SERVICES</p> <p>The client's interdisciplinary team, including a qualified dietitian and physician must prescribe all modified and special diets including those used as a part of a program to manage inappropriate client behavior.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the interdisciplinary team, including a qualified dietitian and physician determined how the use of food would be monitored as integral a part of a program to manage inappropriate behavior, for one of one client in the sample.(Client #1)</p> <p>The finding includes:</p> <p>Interview with the QMRP on 6/1/10 at 5:07 p.m., revealed that Client #1's prescribed 1800 calorie diet permitted him to have fruits and vegetable as snacks. On 6/2/10 at 3:50 p.m., the home manger indicated that the client was able to have yogurt, fresh fruits, and vegetables as snacks. Further discussion with QMRP and the HM on 6/2/10 at approximately 3:54 p.m., revealed the interdisciplinary team (IDT) had recommended training for the client on how to select healthy snacks. According to staff, the client was given snacks, however it had not been required to document them, because it was in his dietary plan.</p> <p>On 6/2/10, at 1:50 p.m., review of Client #1's behavior support plan (BSP) dated 8/3/09 revealed it included differential reinforcement procedures to address targeted behaviors. The</p>	W 464	Crossed referenced and adopted with W159.	6/30/10 and ongoing

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W 464	<p>Continued From page 10</p> <p>BSP further stated there should be a variable interval schedule for reinforcement and to provide a concrete reinforcer coupled with specific verbal praise every 30 (+/- 10 minutes) for engaging in appropriate target behaviors.</p> <p>These "Concrete reinforcers include:</p> <ul style="list-style-type: none"> - Edible treats: small amounts of items which (Client #1) enjoys, consisting of nutritious snack foods. - Vary the concrete reinforcers, e.g. change the reinforcer from nutritious drinks or water to fruit to a variety of activities to keep him focused on appropriate behavior." <p>Record review on 6/2/10 at 1:32 p.m. revealed a 6/1/10 physician's order for an 1800 calorie regular diet (with fresh fruits and vegetables), which was initially prescribed for weight loss on 3/30/09. On 6/2/10 at 2:39 p.m., the review of the facility's menus currently being implement for Client #1 revealed the edible treats (small amounts of nutritious snack foods), recommended to be used as reinforcers, had not been included in the client's 1800 calorie diet plan. Continued record review at that time also revealed a net weight gain of 13 pounds after the diet was prescribed in 09. Review of the BSP on 6/2/10, at 1:50 p.m. revealed on 8/3/09 the IDT had approved the use of food as a reinforcer for positive behavior as a component of the BSP.</p> <p>At the time of the survey, however, there was no evidence a specific plan had been developed to integrate and monitor foods provided as reinforcers into the client's weight reduction diet.</p>	W 464	See page 10.		

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1 000	<p>INITIAL COMMENTS</p> <p>A relicensure survey was conducted from 6/1/10 through 6/2/10. A sampling of one resident was selected from a residential population of one male with several degrees of disability. The findings of the survey were based on observations and interviews in the home and at one day program, as well as a review of the resident and administrative records, including the incident reports.</p>	1 000	<p>Symbtral's governing body has increased its Maintenance Team. Team is expected to work collaboratively with QMRP, House Managers and direct care staff to ensure diagnostic, preventative and corrective measures are enforced to maintain compliance to the regulatory codes governing environmental care and upkeep.</p>	6/16/10 and ongoing
1 090	<p>3504.1 HOUSEKEEPING</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the Group Home for the Mentally Retarded Persons (GHMRP) failed to ensure the exterior of the GHMRP were maintained in a safe and attractive manner for one of one resident. (Resident #1)</p> <p>The findings include:</p> <p>During the inspection of the environment on 6/2/10, beginning at 3:15 p.m., the following concerns were identified:</p> <p>Exterior</p> <p>1. An area of cracked and raised pavement was observed directly across from the basement exit stairs, which were located at the rear entrance to the facility. The crack was noted to be approximately 2 feet long, and to have the</p>	1 090	<p>1. A letter dated 6/18/10 with return receipt / delivery confirmation was forwarded to the property owner in regards to said violation.</p> <p>A deadline of 6/27/10 was given to remedy the situation.</p> <p>CFO, Maintenance Engineer, QMRP and House Manager will continue to monitor to ensure compliance.</p>	6/27/10 and ongoing

Health Regulation Administration
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE


(X6) DATE
 6-22-10

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1 090	Continued From page 1 pavement raised approximately 2 inches higher on one side of the crack than on the other side of the crack. This created a potential safety hazard. 2. An accumulation of lent was observed in the dryer vent, which exited through the rear wall of the second level of the facility. 3. One of four trash cans used for garbage collection was observed to have a large hole in the lid. 4. The light fixture located at the right side of the front entrance door lacked a protective cover for the light bulb. The aforementioned observations were acknowledged by the home manager, who accompanied the surveyor during the inspection of the environment.	1 090	2. Dryer vent was cleaned by Maintenance Team on 6/2/10. House Manager and staff were inserviced on same date on keeping dryer vent clean in relation to an accumulation of lint in vent being a fire hazard, reporting same for corrective action by Maintenance Team. 3. Trash can was discarded on 6/2/10. 4. A new light fixture with protective cover was purchased and installed on 6/3/10. Maintenance Engineer, QA team, QMRP and House Manager will continue to monitor to ensure compliance to regulatory codes governing environmental care.	6/2/10 and ongoing 6/2/10 and ongoing 6/3/10 and ongoing
1 180	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, interview, and record review, the GHMRP failed to ensure the Qualified Mental Retardation Professional (QMRP) coordinated, integrated, and monitored services, for one of one resident in the sample. (Resident #1) The findings include: Cross refer to W460 and W464. The GHMRP's QMRP failed to coordinate services with the	1 180		

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I 180	Continued From page 3 On 6/2/10 at 1:50 p.m., the review of Resident #1's behavior support plan (BSP) dated 8/3/2009, revealed he was allowed edible treats (small amounts of nutritious snack foods), as reinforcers. On 6/2/10 at 4:30 p.m., the review of Resident #1's most recent nutritional assessment dated 4/30/10 revealed the resident continued to be obese (33 pounds above his desirable weight). It should be noted that at the time of the survey, there was no evidence that either the nutritional assessment of the current menu included edible treats or between meal snacks.	I 180		
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: Based on interview and record, the group home for mentally retarded person's (GHMRP) failed to obtain an annual health screening as required by this section for one of seven consultants providing services to Resident #1. (C1) The finding includes: On 6/1/10, at approximately 8:50 a.m., the qualified mental retardation professional (QMRP) was requested to obtain the files of all GHMRP staff and consultants for review on 6/1/10. The QMRP stated the files would be brought to the group home from the main office for review.	I 206	Current health certificate was received for (C1) and have been placed in her personal file. Symbtral's governing body has increased its core of Office Personnel delegating job responsibility of checking and updating consultants' file to the new office manager. (P.F.) A monitoring tool to ensure updated records are present in personnel files (Consultants, Nurses and Direct Care Staff) was developed and implemented. QA Team, QMRP and House Manager will monitor to ensure compliance.	6/14/10 and ongoing

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I 206	Continued From page 4 The review of all records that had been provided by 6/2/10, at 2:45 p.m., revealed the health certificate of C1 had expired on 4/22/10. Although a tuberculin screening was provided for C1, there was no evidence that C1 had a current health certificate on file.	I 206		
I 401	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 professional services were provided in accordance with the needs of one of one resident in the GHMRP. (Resident #1) The finding includes: I. The GHMRP failed to address the the use of medication as a possible contributor to Resident #1's weight gain, as evidenced below. Observation of Resident #1 on 6/1/10 at 11:17 a.m., revealed that he appeared to be overweight for his height. On 6/1/10 at 5:07 p.m., the QMRP revealed that Resident #1's prescribed 1800 calorie diet permitted him to have fruits and vegetable as snacks. Further discussion with the home manager and the QMRP at this time revealed the	I 401	Letters dated 2/16/10 was sent to individual #1 consulting Nutritionist, PCP and Psychiatrist to query the effect of Psychotropic Medication Thorazine as a contributing factor to individual's weight gain. Nutritionist addressed the issue in her assessment summary dated 4/30/10 where she cited Thorazine as being a contributing factor, given that, she had periodically observed meal time and noted strict adherence to diet prescribed. A second letter asking individual's #1 PCP and Psychiatrist to address Thorazine as being a contributing factor to his weight gain was delivered on 6/16/10. Both consultants, Pharmacy document (side of effect of medication) have cited weight gain as a side effect of Psychotropic Medication Thorazine. In addition Psychiatrist has reiterated that Thorazine cannot be lowered given the individual Axis 1 diagnosis of Intarmittent explosive disorder and any lowering of medication will likoily cause an exacerbation of behavior in an individual who is already difficult to manage.	6/16/10 and ongoing

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1401	<p>Continued From page 5</p> <p>resident's weight management regimen had been designed by the consulting nutritionists who recommended an 1800 calorie diet with fresh fruits and vegetables as a snack. They acknowledged that a nutritionist had periodically monitored the resident at mealtime, however, the resident had experienced a net weight gain of 13 pounds during the past 12 months. The review of health records on 6/2/10 at 2:37 p.m., revealed the resident weighed 210 pounds in 7/09 and 225 pounds in 5/10.</p> <p>Record review on 6/2/10 at 4:19 p.m., confirmed Resident #1 had a current physician's order (dated 6/1/10) for an 1800 calorie diet with snacks of fresh fruits and vegetables, which was initially prescribed on 3/30/2009 for weight loss. According to the annual nutritional assessment dated 7/10/2009, the resident was 71 inches tall and had a desirable body weight (DBW) range of 150 to 192 pounds, and he was at 100% of his DBW.</p> <p>On 6/2/10 at 4:30 p.m., the review of Resident #1's quarterly nutrition assessment dated 4/30/10 revealed the resident was obese. The assessment noted that the nutritionist had conducted meal observations and the meals strictly adhered to the menus and the resident's calorie restriction. The 4/30/10 nutrition assessment summary mentioned that Thorazine (200 mg BID,) had a potential drug nutrient interaction of causing increased appetite and weight gain. Continued record review revealed that the resident had been receiving Thorazine (Chlorpromazine HCl) 200 mg twice daily since 7/9/09.</p> <p>Review of the psychiatric assessment dated 7/27/09 on 6/2/10 at 3:35 p.m. revealed</p>	1401	See page 5.	

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I 401	<p>Continued From page 6</p> <p>"Thorazine -200 mg by mouth twice daily - Anti-aggression/Mood stabilizer (range: 75 -300 mg/day). The 5/7/10 psychotropic medication team review revealed the resident was receiving the medication to address his diagnosis of intermittent explosive disorder. During the review, which was signed by the psychiatrist, the primary licensed practical nurse (LPNC), the qualified mental retardation professional (QMRP), and the home manager "HM), the psychiatrist noted that the Thorazine could not be lowered because of "likely exacerbation of behavior in an individual who can be difficult to manage."</p> <p>At the time of the survey, however, there was no evidence that the medical team had coordinated services to rule out the prescribed Thorazine (Chlorpromazine HCl) as a possible contributor to the resident's weight gain.</p> <p>II. The GHMRP failed to ensure that Resident #1's therapeutic diet was monitored and incorporated the use of snacks and edible treats as reinforcers, as evidenced below:</p> <p>Observation of Resident #1 on 6/1/10 at 11:17 a.m., revealed that he appeared to be overweight for his height. On 6/2/10 at 3:30 p.m., the resident was observed snacking on yogurt and cranberry juice, and stated that he had also eaten graham crackers with his snack.</p> <p>Interview with Resident #1's day program administrator on 6/1/10 at 10:40 a.m. revealed he was prescribed an 1800 calorie diet to encourage weight loss. On 6/1/10 at 5:07 p.m., the QMRP revealed that Resident #1's prescribed 1800 calorie diet permitted him to have fruits and vegetable as snacks. On 6/2/10 at 3:50 p.m., the home manger indicated that the resident was</p>	I 401	See page 5.	

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1401	<p>Continued From page 7</p> <p>able to have yogurt, fresh fruits, and vegetables as snacks. Further discussion with the home manager and the QMRP at this time revealed the resident's weight management regimen had been designed by the consulting nutritionist who recommended an 1800 calorie diet with fresh fruits and vegetables as a snack. They acknowledged that the nutritionist had periodically monitored the resident at mealtimes, however, the resident had experienced a net weight gain of 13 pounds during the past 12 months. They also stated that as a result of the resident's failure to lose weight, two consultations were held with a different nutritionist at a local hospital, to obtain a second opinion. According to the QMRP, the two nutritionists' findings and recommendations were similar.</p> <p>Record review on 6/2/10 at 4:19 p.m., confirmed Resident #1 had a current physician's order (dated 6/1/10) for an 1800 calorie diet with snacks of fresh fruits and vegetables, which was initially prescribed on 3/30/2009 for weight loss. According to the annual nutritional assessment dated 7/10/09, the resident was 71 inches tall and had a desirable body weight (DBW) range of 150 to 192 pounds, and he was at 100% of his DBW. This 7/10/09 nutritional assessment noted the resident's current weight as 187 pounds. The nutritionist questioned the accuracy of the 187 pounds. It should be noted, however, that resident's medical record weight chart revealed an entry of 210 pounds as the 7/2009 weight, which reflected a 23.5 difference from the weight documented on the nutritional assessment.</p> <p>Continued review of the 7/10/09 annual nutritional assessment at the 4:35 p.m., revealed it noted the resident's current diet order as a "regular diet", and failed to address the resident's 1800</p>	1401	See page 5.	

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I 401	<p>Continued From page 8</p> <p>calorie diet for weight reduction which was actually the currently prescribed at that time. The weight record revealed although the resident had been prescribed the calorie restricted diet since 2009, he had experienced the following net weight gain:</p> <p>6/2009 - 211 7/2009 - 210 8/2009 - 211 10/2009 - 212 11/2009 - 213 12/2009 - 218 1/10 - 228 2/10 - 228 3/10 - 226 4/10 - 225 5/10 - 225 3/4</p> <p>On 6/2/10 at 4:30 p.m., the review of Resident #1's quarterly nutrition assessment dated 4/30/10 revealed the resident was obese. This assessment documented the resident's 10/2009 weight as 186 pounds, which was 26 pounds below the 212 pounds documented on the medical record weight chart for that same month. The assessment noted that the nutritionist had conducted meal observations and that the meals strictly adhered to the menus and the resident's calorie restriction. In the resident's quarterly assessment dated 4/30/10, the nutrition summary mentioned that Thorazine (200 mg BID,) had a potential drug nutrient interaction by causing increased appetite and weight gain. Accurate weight monitoring was recommended by the nutritionist.</p> <p>At the time of the survey, however, there was no evidence the consumption of snacks and edible behavioral reinforcers had been addressed, or</p>	I 401	<p>in addition weight record covering period identified was sent to Nutritionist for review and the discrepancy in weight was addressed and the necessary amendment reflected on Nutritional Assessment as amended. An accompanying letter was also sent requesting Nutritionist to carefully evaluate weight records and dietary recommendations and ensure accurate weights are reflected in Nutritional Assessments.</p> <p>DON, LPN Charge Nurse, QMRP and House Manager have been re-inserviced by CEO to check all details as provided in each individual reports as written by all consultants for error and ensure corrections to the same before filing documents in the individual records.</p> <p>QA Team, DON, LPN Charge Nurse, QMRP and House Manager will continue to monitor to ensure compliance.</p>	6/18/10 and ongoing

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I 401	<p>Continued From page 9</p> <p>the effectiveness of Resident #1 weight reduction had been closely monitored.</p> <p>III. The GHMRP failed to ensure that the interdisciplinary team, including a qualified dietitian and physician determined how the use of food would be monitored as Integral a part of a program to manage Inappropriate behavior for Resident #1, as evidenced below:</p> <p>Interview with the QMRP on 6/1/10 at 5:07 p.m., revealed that Resident #1's prescribed 1800 calorie diet permitted him to have fruits and vegetable as snacks. On 6/2/10 at 3:50 p.m., the home manger indicated that the resident was able to have yogurt, fresh fruits, and vegetables as snacks. Further discussion with QMRP and the HM on 6/2/10 at approximately 3:54 p.m., revealed the interdisciplinary team (IDT) had recommended training for the resident on how to select healthy snacks. According to staff, the resident was given snacks, however it had not been required to document them, because it was in his dietary plan.</p> <p>On 6/2/10, at 1:50 p.m., review of Resident #1's behavior support plan (BSP) dated 8/3/09 revealed it included differential reinforcement procedures to address targeted behaviors. The BSP further stated there should be a variable interval schedule for reinforcement and to provide a concrete reinforcer coupled with specific verbal praise every 30 (+/- 10 minutes) for engaging in appropriate target behaviors.</p> <p>These "Concrete reinforcers include:</p> <p>- Edible treats: small amounts of items which (Resident #1) enjoys, consisting of nutritious snack foods.</p>	I 401	<p>3. Clarification of diet by Nutritionist in addressing Psychologist's recommendation as per BSP will be forwarded to Psychologist.</p> <p>BSP will be amended to reflect dietary orders and specificity as per Nutritionist in reference to providing edible snacks/treats for good behavior and provide reinforcers.</p> <p>IDT to convene Pre-ISP meeting on 6/23/10 dietary restriction will be discussed in relation to BSP recommendation. QMRP will recommend that a checklist be developed to monitor individual #1 selection of healthy snacks.</p> <p>QA Team, QMRP, DON, LPN Case Manager, House Manager and direct care staff will monitor to ensure compliance.</p>	7/1/10 and ongoing

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1401	<p>Continued From page 10</p> <p>- Vary the concrete reinforcers, e.g. change the reinforcer from nutritious drinks or water to fruit to a variety of activities to keep him focused on appropriate behavior."</p> <p>Record review on 6/2/10 at 1:32 p.m. revealed a 6/1/10 physician's order for an 1800 calorie regular diet (with fresh fruits and vegetables), which was initially prescribed for weight loss on 3/30/09. On 6/2/10 at 2:39 p.m., the review of the GHMRP's menus currently being implement for Resident #1 revealed the edible treats (small amounts of nutritious snack foods), recommended to be used as reinforcers, had not been included in the resident's 1800 calorie diet plan. Continued record review at that time also revealed a net weight gain of 13 pounds after the diet was prescribed in 09. Review of the BSP on 6/2/10, at 1:50 p.m. revealed on 8/3/09 the IDT had approved the use of food as a reinforcer for positive behavior as a component of the BSP.</p> <p>At the time of the survey, however, there was no evidence a specific plan had been developed to integrate and monitor foods provided as reinforcers into the resident's weight reduction diet.</p> <p>IV. The GHMRP failed to ensure one of one resident in the sample received timely treatment services for the maintenance of Resident #1.</p> <p>Interview with staff on 6/1/10 at 4:02 p.m., revealed that Resident #1 was mostly independent for toothbrushing. Continued discussion with the staff revealed that the resident had a new dental bridge.</p> <p>Record review on 6/1/10 at 4:06 p.m., revealed a</p>	1401	<p>4. Mealtime protocol will be reviewed and updated to reflect diet modifications as ordered by PCP, Nutritionist, Nursing Team, House Managers and QMRP will continue to provide oversight on implementation. Weekly weights monitoring are being done to assess the effectiveness of Nutritional Management.</p> <p>1401. A-C: Symbal Service Coordination Team (Nurses, House Manager and QMRP) will follow up on the scheduled upcoming dental appointment on 6/30/10 with a back-up plan to use another dental provider for continuity of medical dental services, if current provider cannot complete care as scheduled.</p>	<p>7/1/10 and ongoing</p> <p>7/15/10 and ongoing</p>

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(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 401	<p>Continued From page 11</p> <p>7/24/09 individual support plan (ISP) recommendation that Resident #1 have a dental scaling every six months. Continued record review revealed the following information concerning the resident's dental health:</p> <p>a. 5/27/09 Oral examination - Heavy calculus; patient needs scaling every 4 months. Revisit scheduled for 9/21/09.</p> <p>b. 9/21/09 - Resident went to dental office for recall visit to have scaling. He was not seen due to the dentist having an emergency. He was, however, was given an appointment for 10/7/09.</p> <p>c. 10/7/09 - Dental examination revealed moderate calculus deposits; needs scaling. adult prophylaxis, polishing. The dentist also noted that the resident had lost his "partial flipper" and that it needed to be replaced.</p> <p>Although the record reflected that the resident returned to the dentist on 3/8/10, 4/20/10, and 4/28/10 for services related to the replacement of his dental bridge, he did not receive the dental scaling recommended on 5/27/09 or 10/7/09. On 4/28/10, the dentist again noted "Patient needs scaling; will submit for prior approval and will call to schedule once approval for services returns.</p> <p>Interview with the designated licensed practical nurse (DLPN) on 6/2/10 at 3:05 p.m. revealed that Resident #1's last dental scaling was performed on 1/7/09. The DLPN stated that when she telephoned the dentist's office on 6/2/10, the resident was then scheduled for an appointment for a dental scaling on 6/30/10.</p> <p>At the time of the survey, there was no evidence that the GHMRP ensured that the Resident #1</p>	I 401	See page 11.	

FORM APPROVED

Health Regulation Administration

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I 401	Continued From page 12 received dental treatment services in accordance with the IDT recommendation for his dental health.	I 401	See page 11.		