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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0202 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/11/2008 |
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| NAME OF PROVIDER OR SUPPLIER WESTVIEW 02 | STREET ADDRESS, CITY, STATE, ZIP CODE 74 'W' ST, NW WASHINGTON, DC 20015 |
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| 1 000 | <p>INITIAL COMMENTS</p> <p>This licensure survey was conducted from June 10, 2008 through June 11, 2008. Six clients, three males and three females, have varying degrees of disabilities reside in this facility. Three of the six clients were randomly selected for the sample.</p> <p>The findings of the survey were based on observations at the group home and one day programs, interviews with direct care staff in the residence and management of the group home, and the review of the administrative records including the facility's incident management system.</p> | 1 000 | | |
| 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, the GHMRP failed to ensure the interior and exterior of the GHMRP was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>The findings include: Internal</p> <p>1. Leather furniture, file cabinet and other items were being stored underneath the porch in the rear of the facility.</p> | 1 090 | <p>1. The leather furniture, file cabinet, and other items stored underneath the porch in the rear of the facility were removed. In the future, before storing any discarded items on the outside of the facility, bulk trash will be called for immediate pick. The Environmental Manager will monitor this process along with the QMRP.</p> | 7-1-08 |

Health Regulation Administration
David R West J. MD
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
 STATE FORM 6000 R5V511 TITLE *Administrator* (X6) DATE *July 29, 2008*
 If continuation sheet 1 of 10

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| I 090 | Continued From page 1 2. A panel was missing from the kitchen ceiling exposing wires. 3. Kitchen refrigerator did not have a thermometer for the freezer compartment. 4. The front door bell was not working. 5. The back storm door was missing door handle and the door could not be closer securely. External 1. Several of the wooden stairs leading into the back yard were cracked, loose and exposing nails which may be a potential hazard. | I 090 | 2. The kitchen ceiling has been repaired. In the future, the Environmental Manager will ensure that all repairs are completed in a timely manner upon being informed by the staff of a needed repair. 3. The thermometer for the freezer in the refrigerator in the kitchen was found attached to a package of frozen food and was placed in a secure and visible area in the freezer. In the future, the Environmental Manager will ensure that all refrigerators and freezers are equipped with a thermometer that is placed in a visible and secure spot. Monitoring will be done weekly. | 1-1-08 7-1-08 |
| I 135 | 3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to hold evacuation drills quarterly on all shifts. The findings include: 1. Interview with the Qualified Mental Retardation Professional (QMRP) and review of the staffing pattern on June 10, 2008 at approximately 3:15 PM revealed the scheduled shifts are as follows: Weekdays 1st Shift 7 AM to 3:30 PM | I 135 | 4. The front door bell was repaired and in the future will be immediately repaired or replaced by the Environmental Manager in a timely manner after receiving a report from staff that it is broken. | 7-1-08 |

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| I 135 | 3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to hold evacuation drills quarterly on all shifts. The findings include: 1. Interview with the Qualified Mental Retardation Professional (QMRP) and review of the staffing pattern on June 10, 2008 at approximately 3:15 PM revealed the scheduled shifts are as follows: Weekdays 1st Shift 7 AM to 3:30 PM | I 135 | | |

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| I 136 | Continued From page 3 This Statute is not met as evidenced by: Based on record review revealed that the GHMRP failed to ensure fire drills records were monitored and accurately completed. The finding includes: The facility failed to ensure the accurate documentation and record keeping of all fire drills conducted. [See citation 3505.5] | I 136 | See W159 #3a | |
| I 203 | 3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees annually. The finding includes: Review of the personnel files conducted on 6/11/08 revealed that GHMRP failed to provide evidence of a current signed job description for fifteen direct care staff [REDACTED] | I 203 | Signed job descriptions were obtained for said direct care staff. In the future, the Human Resource Department Personnel along with the QMRP will ensure that each employee is trained on and signs their job description on an annual basis. The signed job description will be placed in the personnel record for review by authorized persons. <i>Attachment 6</i> | <i>7-15-08</i> |
| 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. | I 206 | | |

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| I 291 | Continued From page 5 This Statute is not met as evidenced by: Based on interview, and record review the GHMRP failed to ensure each clients records were kept current. The finding includes: (See Federal Deficiency Citation W114) | I 291 | | |
| I 379 | 3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident 's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to report to governmental officials within 24 hours in accordance with this regulatory requirement. The findings include: The review of the facility's unusual incident reports and interview with the Qualified Mental Retardation Professional (QMRP) on June 11, 2008 at 1:30 PM, revealed the facility failed to timely notify the to the governmental agency of the following incident(s): | I 379 | | |

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| 1379 | Continued From page 6 1. An unusual incident report dated May 30, 2008, Resident #1 was observed to exhibit maladaptive behavior in which afterwards he exposed himself by pulling his pants down in public. 2. An unusual incident report dated April 5, 2008, Resident #1 was observed by a direct care staff spitting his food out and reportedly going back and forth to the bathroom. The report further indicated that Resident #1 had to be taken to the emergency room and was admitted for treatment. 3. An unusual incident report dated October 18, 2008, Resident #5 was observed to bite herself. 4. An unusual incident report dated December 11, 2007, Resident #5 reported to the direct care staff while on the van that a male client exposed himself to her and attempted to touch her inappropriately. | 1379 | 1. Due to the fact that a DOH surveyor was on site at the time of the incident and suggested that all parties be notified, the incident was immediately reported to all parties involved in Client # 1's care. (Attachment # <u>2</u>) 2. Due to the fact that the incident took place on a Saturday, all parties with the exception of the guardian, attorney, QMRP, nurse, and administrator were notified on the next business day. In the future, should an incident occur on the weekend, all parties will attempt to be notified immediately. (Attachment # <u>3</u>) | 5-30-08 4-7-08 |
| 1395 | 3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; | 1395 | 3. As stated, all parties involved in Client # 5's life was not notified immediately with the exception of the QMRP, Administrator, and nurse, given the hour that the incident had occurred (9:30 PM) In the future, all other parties will attempt to be notified immediately, pending the hour of occurrence of the incident. (Attachment # <u>4</u>) | 10-24-07 |

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| I 395 | 3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; | I 395 | 4. As stated, all parties involved in Client # 5's life was not notified immediately with the exception of the QMRP, Administrator, and nurse. In the future, all other parties will attempt to be notified immediately by the Incident Management Coordinator. (Attachment # <u>5</u>) | 12-13-07 |

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| 1395 | Continued From page 7 This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure its nurses had current licenses on file. The finding includes: Review of the personnel records on June 11, 2008, revealed that the GHMRP failed to have current license on file for two License Practical Nurse(LPN), two RN's, Social Worker, Physical Therapist, Speech Pathologist, employed by the agency. | 1395 | Said persons needed personnel documents were given a letter requesting required information. Licenses were received from the LPN and RN currently on staff. In the future, the QMRP along with the Human Resource Department will ensure that all personnel records are kept current. (Attachment # <u> </u>) | 7-23-08 |
| 1458 | 3521.11 HABILITATION AND TRAINING Each resident 's activity schedule shall be available to direct care staff and be carried out daily. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to have current activity schedules on file on for two of the four residents residing in the facility . (Resident #1 and Resident #2) The findings include: The QMRP failed to ensure that Client #1 was provided alternative and consistent day activity services as evidenced below: Observation on June 10, 2008 at approximately 1:45 PM Client #1 was observed to be in the facility at the beninning of the survey. Interview with the shift supervisor on duty revealed that Client #1 likes to stand at the window near the front entrance and look out of the window. Interview with the direct care staff revealed that the client was at home dure to a medical | 1458 | Client #1 has since returned to his day treatment program, therefore, no longer needing an alternative day activity scheduled. However, in the future, the QMRP will ensure that any Client staying at home for any length of time, due to illness or other circumstances, receives an alternative activity schedule during the time that he/she is home. | 7-1-08 |

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| I 458 | Continued From page 8 situation. Interview with the QMRP on June 11, 2008, revealed that Client #1 had been hospitalized on two seperate occassions for medical reasons and was not currently in his day treatment program. Additionally, the QMRP stated that the client has progressed and was fine now. Reportedly Client #1 participates in avariety of activities during the day and is involved in participating in a variety of community outing. However, review of the records and the available activity schedule did not evidence an alternative day activities scheduled had been developed for Client #1. The availble scheduel reflected for the time period of 9:00 AM - 2:00 PM that he was attending his day program. Note: It should be further noted that Client #1 has been out of his day treatment program for 2 1/2 months. | I 458 | | |
| I 474 | 3522.5 MEDICATIONS Each GHMRP shall maintain an individual medication administration record for each resident. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP's nursing staff failed to ensure medication administration records were maintained without documentation error. The finding includes: (See Federal Deficiency Report W365, W368 and W369) | I 474 | See W 104 #2 | 7-1-08 |

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| I 480 | Continued From page 9 | I 480 | | |
| I 480 | <p>3522.7 MEDICATIONS</p> <p>Medication, requiring refrigeration shall be maintained either in a separate and secure medication refrigerator or, if in a refrigerator with foods, shall be in a secure and closed compartment or container so as to prevent cross contamination.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain a seperate refrigeration for each client medication to avoid sources of contamination.</p> <p>The finding includes:</p> <p>During the observation of the medication pass on June 10, 2008 at approximately 6:15 PM, the medication nurse took a bottle with Client #4's name. Further review of the bottle after the nurse poured Client #4's PM dosage of Nuerontin 250 mg medication and the bottle was labeled "Refrigerate".</p> <p>Once completing the medication pass the medication was placed the bottle back in the refrigerator, two cartons of 18 count raw eggs were observed being stored in the same refrigerator. According to interview with the QMRP food items are not to be stored in the same refrigerator with client medications as outlined in the agency's policy.</p> | I 480 | | |

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| R 000 | INITIAL COMMENTS This licensure survey was conducted from June 10, 2008 through June 11, 2008. Six clients, 3 males and 3 females, have varying degrees of disabilities reside in this facility. Three of the six clients were randomly selected for the sample. The findings of the survey were based on observations at the group home and one day programs, interviews with direct care staff in the residence and management of the group home, and the review of the administrative records including the facility's incident management system. | R 000 | | |
| R 125 | 4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. The findings include: Review of the personnel records on 6/11/08 at 4:30 PM revealed that the GHMRP failed to provide evidence that ensured criminal | R 125 | Said employees were given letters requesting required personnel information. In the future, the QMRP along with the Human Resource Department to ensure that personnel records remain current. Documents already obtained for said staff persons are attached. (Attachment # <u>1</u>) | 7-23-08 |

Health Regulation Administration

Shel R. West, MD

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

TITLE
Administrator

(X6) DATE

July 29, 2008

STATE FORM

6899

R5V511

If continuation sheet 1 of 2

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| R 125 | Continued From page 1 background checks were on file for six direct care staff [REDACTED] | R 125 | [REDACTED] is no longer at wst. | 7/1/08 |