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NAME OF PROVIDER OR SUPPLIER WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 807 FERN PL, NW WASHINGTON, DC 20012		

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I 000	INITIAL COMMENTS A licensure survey was conducted from February 26, 2008 through February 27, 2008. A random sample of two residents was selected from a resident population of three males with various disabilities. The findings of the survey were based on observations, interviews with staff, one resident, program coordinators in the home, as well as a review of client records, administrative records, and incident reports.	I 000		
I 060	3502.18 MEAL SERVICE / DINING AREAS Perishable foods shall be stored at proper temperatures in order to conserve nutritive value. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that equipment necessary for monitoring deep freezer temperatures was provided. The finding includes: Observations during the environmental walk-thru on February 27, 2008 at 10:24 AM revealed no thermometer was in the freezer part of the refrigerator located in the kitchen area. Interview with facility's Qualified Mental Retardation Professional acknowledged that there was no thermometer in the freezer part of the refrigerator.	I 060		
I 082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.	I 082		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE Program Director — (X6) DATE 3-18-08

STATE FORM — K7X611 — If continuation sheet 1 of 19

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I 082	Continued From page 1 This Statute is not met as evidenced by: Based on observations and interview at the GHMRP failed properly equip each bathroom with the appropriate items to meet each residents need. The findings include: During the environmental walk-through on February 27, 2008 beginning at 10:24 AM revealed the following: 1. On February 27, 2008, there was no soap for hand washing or cups for the cup dispenser in the bathroom located on the first level. 2. On February 27, 2008, there was no soap for hand washing or cups for the cup dispenser in the bathroom located in Resident #1's bathroom. Note: On February 26, 2008, there was no hand soap for hand washing observed in the bathroom located on the first level for resident and staff usage. All residents was observed to used this bathroom several times after arriving home from day program on February 26, 2008.	I 082	#1. Hand washing soap and cups for dispenser are in bathrooms. Additionally a weekly checklist will be completed by House Manager and reviewed by QMRP to ensure supplies are maintained in bathrooms. #2. See 1082 #1	3-14-08 3-14-08
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to	I 090		

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I 090	Continued From page 2 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. The findings include: Observations of the GHMRP 's environment on February 27, 2008 beginning at 10:24 AM revealed the following: Interior 1. Three wholes in the wall was observed in the kitchen near the dining room area. 2. There was no light fixture covering the light above the sink. 3. Grease build-up was observed on the walls over the stove area. 4. The vent cover located over the stove was exposed with hanging wires. 5. The heating elements on top of stove was observed to have grease build-up and food particles inside them. Exterior 6. A shutter was missing off the front of the facility. The shutter was observed on the ground near the front entrance door.	I 090	Interior #(1) Three holes in wall were repaired. (2). Replaced light fixture covering over sink. (3). Grease build up was cleaned on walls over stove area. (4). Vent cover replaced. (5) Grease build up and food were cleaned. Exterior (6) Shutter repaired. In addition house manager and QMRP weekly will monitor facility for any deficiencies.	3/14/08 3/14/08 3/14/08 3/21/08 3/4/08 3/21/08
I 095	3504.6 HOUSEKEEPING	I 095		

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I 095	Continued From page 3 Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident. This Statute is not met as evidenced by: Based on observation and interview revealed that the GHMRP failed to ensure that caustic agents were stored in a locked cabinet. The finding includes: During the environmental inspection on February 27, 2008, caustic agents were observed stored in a closet downstairs in the basement. The closet door was observed to be open.	I 095	Maintenance to install lock on closet ~~door~~ door to store caustic agents. Again a weekly checklist will be done by House manager and reviewed by QMRP to ensure safety.	3-14-08
I 097	3504.8 HOUSEKEEPING No cleaning agent, bleach, insecticide or any other poisonous, dangerous, or flammable material shall be accessible to a resident where access to such substance is contraindicated in the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure that bleach was not accessible to the residents. The finding includes: During the environmental walk-thru on February 27, 2008, a container of bleach was observed to be sitting on top of the washing machine in the laundry room.	I 097	Bleach will be stored with other caustic agents under lock and monitored weekly by House manager.	3-14-08

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I 135	Continued From page 4	I 135		
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 GHMRP failed to hold evacuation drills quarterly on all shifts. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the staffing pattern on February 26, 2008 at approximately 10:00 AM revealed the scheduled shifts are as follows: Weekdays 1st Shift 4 PM to 12 PM 2nd Shift 12 AM to 8 AM Weekends/Saturday and Sunday 1st 8 AM to 8 PM 2nd 8 PM to 8 AM Further interview with the QMRP revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log book from February 2007 to February 2008 revealed that the facility failed to hold simulated fire drills at least four times a year for each shift during. There was no evidence that fire drills were conducted quarterly on all shifts.	I 135	Review of fire drill Log indicated that fire drills were not conducted during the 8am-4pm shift once each quarter. QMRP Shall monitor drills monthly to ensure drills are done quarterly on each shift.	3/14/08

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I 165	Continued From page 5	I 165		
I 165	3507.4(c) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (c) Health and safety, which covers fire safety and evacuation, infection control, medication, and procedures for emergency and the death of a resident; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure a policy on health and safety to include trauma and death. The findings include: 1. Interview and review of the GHMRP's policies and procedures manual on February 27, 2008 revealed the GHMRP failed to have a policy to include funeral/burial at the time of the survey. 2. Cross Refer to 3510.5 (c). The Governing Body failed to ensure the implementation of infection control procedures to prevent communicable infectious diseases for one of two residents included in the sample. (Resident #2)	I 165	Find attached copy of revision to page 163 of policy & procedure manual to include Burial and funeral Planning. See 3510.5(c).	3-14-08 3-14-08
I 166	3507.4(d) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (d) Record keeping, which covers resident records, administrative records, and confidentiality of records; This Statute is not met as evidenced by: Based on record review, the facility failed to have a policy on record keeping.	I 166	Policy on record keeping has been filed in the policy and procedure manual.	3-14-08

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I 166	Continued From page 6 The finding includes: Review of the personnel policies and procedures on February 26, 2008 at 9:41 AM revealed, the GHMRP failed to have a policy on recording keeping at the time of the survey.	I 166		
I 168	3507.4(f) POLICIES AND PROCEDURES 3507.4 The manual shall incorporate policies and procedures for at least the following: (f) Admission, transfer and discharge, which covers admission criteria: pre-and post-admission activities, program planning, transfer and discharge procedures; and... This Statute is not met as evidenced by: Based on record review, the facility failed to have a policy on record keeping. The finding includes: Review of the personnel policies and procedures on February 26, 2008 at 9:41 AM revealed, the GHMRP failed to have a policy on admission, transfer, and discharge, which coves admission criteria: pre-and post-admission activities, program planning, transfer and discharge procedures at the time of the survey.	I 168	Policy for admissions and tranfers will be drafted and added to the policy & procedure manual.	4/15/08
I 169	3507.4(g) POLICIES AND PROCEDURES The manual shall incorporate policies and procedures for at least the following: (g) Resident life, which covers clothing, management of funds, resident rights, discipline,	I 169		

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I 169	Continued From page 7 behavior management, services, parental and guardian involvement, visitation, staff treatment of residents, and resident work. This Statute is not met as evidenced by:	I 169		
I 184	3508.5(a) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (a) All major components of the administering agency or the roles of individuals when the licensee is not an agency; This Statute is not met as evidenced by: Based on interview and review, the GHMRP failed to provide an organizational chart reflecting the changes in the components of the agency's staffing structure. The finding includes: The finding includes: Review of the agency's policy and procedure manual failed to evidence a organization chart reflecting the changes in the components of the agency's staffing structure and lines of authority. Interview with the Qualified Mental Retardation Professional (QMRP) on February 26, 2008 revealed that the current organization chart did not reflect her as an individual who was employed by the agency.	I 184	Find enclosed copy of revised organizational chart.	3-6-08
I 188	3508.6 ADMINISTRATIVE SUPPORT	I 188		

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I 188	Continued From page 8 Documentation that services have been provided as required by each resident ' s Individual Habilitation Plan including contracts, vendor agreements, receipts, and paid bills shall be available for review by authorized regulatory personnel. This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current contracts for licensed consultants. The findings include: On February 27, 2008, review of personnel records revealed that the following consultants records were without current contracts at the time of the survey. (Psychiatrist, Dietician, and Social Worker)	I 188	Find attached copy of contract with dietician. We are a CRF provider and do not have a contract with a Psychiatrist or Social worker. Our individuals access psychiatric and social work services through medicaid.	3-14-08
I 189	3508.7 ADMINISTRATIVE SUPPORT Each GHMRP shall maintain records of residents ' funds received and disbursed. This Statute is not met as evidenced by: Based on staff interview and review of records, the GHMRP failed to establish and maintain a system that ensures a complete and accurate accounting of residents' funds that are entrusted to the facility for two of two clients included in the sample. (Resident #1 and #2) The finding includes: On February 26, 2008 at 9:02 AM, a request for Resident #1 and #2's financial records was requested from the Qualified Mental Retardation Professional (QMRP) by February 27, 2008 no later than 10:00 AM. Interview with the Qualified	I 189		

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I 189	Continued From page 9 Mental Retardation Professional (QMRP) on February 27, 2008 approximately 12:50 PM revealed that the residents records could not be retrieved due to personnel being on vacation who was in charge of the financial records. The GHMRP failed to have a files detailing funds accounting for Resident #1's, #2 and #3 monies received and disbursed at the time of the survey.	I 189		
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. The findings include: Review of the personnel files conducted on February 27, 2008, revealed the GHMRP failed to provide evidence of current signed job descriptions for four staffs at the time of the survey. (Staff #1, #2, #3, and #7)	I 203	find attached copies of current job descriptions for Staff #1, #2, #3 and #7.	
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 206	Continued From page 10 This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that all staff had current health certificates on file. The findings include: 1. Review of the personnel files conducted on February 27, 2008, revealed the GHMRP failed to provide evidence of current health certificates for two staffs and one consultant. (S #1 and C#1) 2. Review of the personnel files conducted on February 27, 2008, revealed the GHMRP failed to provide evidence of current health certificates for three nurses at the time of the survey. (RN, LPN #1, and LPN #2)	I 206	1. Find enclosed copies of current health certifications for Staff #1 and consultant #1. 2. Find enclosed copies of current health certificates for RN, LPN#1 and LPN#2.	3/14/08 3/14/08
I 222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently. The finding includes: The weekly staffing schedules for the month of February 2007 and the staff training records were reviewed on February 26 and 27, 2008. New staff were identified as being hired August 4, 2006 last training date on Resident #1's Behavior Support Plan (BSP). Interview with the Qualified Mental Retardation Professional (QMRP) and the	I 222	All new employees are required to get 12 hrs of paid training before working in a GHMRP. During this training QMRP reviews all BSP's and other information on the individuals in that facility. Additionally QMRP presented doc-	

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I 222	Continued From page 11 review of training records on February 27, 2008 at 9:41 PM revealed that newly hired individual had not been trained on the Resident #1's BSP. Further interview with the QMRP revealed that Resident #1 BSP had been expired since she started in August 2007.	I 222 Cont.	uments to request revision of BSP and at this time a current BSP is in place.	3-14-08
I 226	3510.5(c) STAFF TRAINING This Statute is not met as evidenced by: Based on observation, interview, and record review, the GHMRP failed to ensure the implementation of infection control procedures to prevent communicable infectious diseases for one of two residents included in the sample. (Resident #2) The finding includes: Observations of the environmental walk-thru on February 27, 2008 revealed Resident #2's toothbrush lying on the top of his dresser cover with lint and black sticky substances. Interview with the Qualified Mental Retardation Professional QMRP) revealed that she could not believe that Resident #2 had been brushing his teeth with this brush. The QMRP phoned the House Manager to inform her to purchase another toothbrush for Resident #1 immediately. Review of the staff training records on February 27, 2008 revealed that staff had received training on infection on February 21, 2007. There was no evidence that infections control procedures to prevent communicable infectious diseases were being implemented. There was no evidence that training was effective. Note: On February 26, 2008 at approximately	I 226		

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I 226	Continued From page 12 6:30 PM, the same toothbrush was observed on Resident #2's dresser. When asked, the Resident #2 communicated to surveyor that is the toothbrush he uses to brush his teeth. Resident #2 has an objective to brush his teeth after meals.	I 226		
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current training in first Aid and CPR for employees. The findings include: On February 27, 2008, review of personnel records/training records revealed that the following staffs and nurses, were without current First Aid and CPR, or both at the time of the survey. 1. Current CPR - S#1, #3, #4, #6, #7, RN, and LPN #1) 2. First Aid - S #4, #6, #7, RN, and LPN #1	I 227	1. Find attached copies of current CPR for staff #1, #3, #4, #6, #7 RN and LPN #1. 2. Find attached copies of current first aid for staff #4, #6, #7, RN and LPN #1.	3/21/08 3/21/08
I 261	3512.2 RECORDKEEPING: GENERAL PROVISIONS Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies.	I 261		

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I 261	Continued From page 13 This Statute is not met as evidenced by: Based on observation and interview the GHMRP failed to ensure records were available for inspection at all times by personnel of authorized regulator agencies. The finding includes: During the entrance conference on February 26, 2008 at 9:02 AM, a request was made for various documents including the Human Rights Committee (HRC) minutes to be provided on February 27, 2007 by 10:00 AM. Interview with the Qualified Mental Retardation Professional (QMRP) on February 27, 2008 revealed that the HRC record was in the main office and that the records would not be available until the personnel staff person in charge return back from vacation.	I 261	HRC minutes are available for review at main office.	3-14-08
I 271	3513.1(b) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records: (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of all staffs personnel records. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) on February 27, 2008 and review of the GHMRP's personnel files on	I 271	Please find enclosed copy of QMRP's records that were in the facility at the time of the review.	3-14-08

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NAME OF PROVIDER OR SUPPLIER WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 807 FERN PL, NW WASHINGTON, DC 20012		

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I 271	Continued From page 14 February 27, 2008 at 9:16AM revealed the facility failed to provide evidence of personnel records for QMRP.	I 271		
I 391	3520.2(a) 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: (a) Medicine; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of licensed professional staff secured by the group home to monitor interventions, in accordance with the goals and objectives of every individual habilitation plan for one of two residents included in the sample. (Resident #1) The finding includes: The facility failed to ensure that Resident #1's medication was titrated and/or discontinued when he met the required criteria as evidenced below: Observations of the evening medication administration on February 26, 2008 at 4:48 PM revealed Resident #1 was administered Chlorpromazine (Thorazine) 100 mg by mouth.	I 391		

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I 391	Continued From page 15 Review of Resident #1's medical records on the same day at approximately 10:38 PM revealed current Physician's Orders (PO) dated January 19, 2008. According to the PO's, Resident #1 has diagnosis of Behavior Disorder and is prescribed Chlorpromazine 100 mg every evening for behaviors. Review of the psychotropic medication review documented in the record was last reviewed on March 13, 2007. According to the psychotropic medication review, there was no clear and concise titration plan indicating when there would be a decrease in the medication and/or a discontinuance of the medications once Resident #1 had met the required criteria. Interview with Qualified Mental Retardation Professional (QMRP) revealed that she would have to sort through the records with the Nurse to locate the more recent psychotropic medication reviews. At the end of the survey, there was no psychotropic medication reviews present to the surveyor. Review of the Behavior Support Plan (BSP) dated December 23, 2006 on February 26, 2008 at 3:03 PM revealed that Resident #1 has a targeted behavior of aggression (i.e. Verbal Threats or Motions). Review of the behavior data revealed that Resident #1 has not engaged in his target behavior of aggression in over a year. This was confirmed through interview with the second shift staff person and the QMRP. Interview with the facility's Registered Nurse (RN) of February 26, 2008 at approximately 2:26 PM revealed that the psychiatrist had not titrated the medication and/or discontinued Resident #1's medication because he is stable. The RN further revealed that the psychiatrist feels that Resident #1 behaviors would begin to escalate if he's taken	I 391	Tag I391-a (See attached medication review) During Feb 2008 review prescribing [redacted] did not address specific titration plan. This case will be presented at next Human Right Committee meeting 3/20/08 with physician follow up at April 7, 2008 psychotropic medication review.	

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I 391	Continued From page 16 off the medication, in which the resident may become a danger to himself as well as his roommates. The RN stated that this is an ongoing issue. Note: There was no evidence of a psychological evaluation document located in the records. The BSP had not been updated in over two years.	I 391		
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; This Statute is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure nursing services in accordance with the needs of one of two residents in the sample. (Resident #1) The finding includes: Medical records review conducted on February 26, 2008 at approximately 10:20 AM revealed current Physician's Orders (POs) dated January 19, 2008. According to the POs, it was recommended that Resident #1 receive CBC,	I 395		

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I 395	Continued From page 17 Depakote and Tegretol levels every three months. Review of the laboratory studies revealed no evidence of lab work since June 18 2007. Interview with the facility's Registered Nurse (RN) on February 26, 2008 at 2:13 PM that lab work had been performed; however, we have not received the labs from the Providence Hospital laboratory office. Note: At 2:20 PM, the RN contacted Providence Hospital lab office to have them fax over the recent labs. At the end of the survey, there was no evidence that the facility had received lab results.	I 395	Tag I395-e {See attached lab results} Lab results dated 1/16/2008 are attached. Residential nurse will address labs on monthly progress note to ensure timely completion.	
I 500	3523.1 RESIDENT'S RIGHTS Each GHMRP 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. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each residents rights, for one of the two residents (Resident #1) included in the sample. The finding includes: The facility failed to provide evidence that informed consent was obtained from Resident #1 and/or her legal guardian for the use of psychotropic medications and Behavior Support Plan (BSP) as evidenced below: Observations of the evening medication	I 500		

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I 500	Continued From page 18 administration on February 26, 2008 at 4:48 PM revealed Resident #1 was administered Chlorpromazine (Thorazine) 100 mg by mouth. Review of Resident #1's medical records on the same day at approximately 10:38 PM revealed current Physician's Orders (PO) dated January 19, 2008. According to the PO's, Resident #1 has diagnosis of Behavior Disorder and is prescribed Chlorpromazine 100 mg every evening for behaviors. The psychotropic medication was incorporated in a Behavior Support Plan (BSP) dated December 25, 2005, to address behaviors associated aggression (i.e. Verbal Threats and Motions). Interview with the Qualified Mental Retardation Professional (QMRP) on February 26, 2008 at 9:02 AM revealed that Resident #1 has no legal guardian and/or involved family members that signs consent for treatment. There was no documented evidence that the facility informed Resident #1 or a legally-authorized representative, as appropriate, of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity. Note: There was no evidence of a Psychological Assessment located in the records.	I 500		

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R 000	INITIAL COMMENTS A licensure survey was conducted from February 26, 2008 through February 27, 2008. A random sample of two residents was selected from a resident population of three males with various disabilities. The findings of the survey were based on observations, interviews with staff, one resident, program coordinators in the home, as well as a review of client records, administrative records, and incident reports.	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 for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check for one of staff. The finding includes: Review of the review of personnel files on February 27, 2008 revealed the GHMRP failed provide evidence of a criminal background checks for the previous seven years in all jurisdiction where one staff person had worked or resided at the time of the survey. (Staff #7)	R 125	Find attached copy of police clearance for staff # 7.	3/2/08

Health Regulation Administration

TITLE (X6) DATE

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