Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0043	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/29/2008
NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 823 FERN PL, NW WASHINGTON, DC 20012		

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I 000	INITIAL COMMENTS A licensure survey was conducted from August 28, 2008 through August 29, 2008. The survey was initiated using the fundamental survey process. A random sample of two residents was selected from a population of three male residents with mental retardation and various other disabilities. The findings of the survey were based on observations at the group home, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	I 000		
I 058	3502.16 MEAL SERVICE / DINING AREAS A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual Habilitation Plan. This Statute is not met as evidenced by: Based on record review, the facility failed to ensure that one of the three residents with modified diets had been reviewed at least quarterly by the consulting dietitian. (Resident #1) The finding includes: Review of Resident #1's current physician orders on August 28, 2008 revealed a diet order of regular, high calories snacks between meals. Further review of the medical records revealed a Nutrition assessment dated March 26, 2008. The record failed to show evidence that the resident's modified diet had been reviewed by the dietitian,	I 058	Resident # 1 weight is monitored monthly by the nursing dept. at this time. The nursing dept. along with the dietitian will monitor his weight and the dietitian will document quarterly on nutritional needs.	10-10-08

Health Regulation Administration

Michael Ward

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

TITLE Program Director

(X8) DATE 10-10-08

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I 058	Continued From page 1 quarterly.	I 058		
I 091	3504.2 HOUSEKEEPING Housekeeping and maintenance equipment shall be well constructed, properly maintained and appropriate to the function for which it is to be used. This Statute is not met as evidenced by: Based on observations and interview, the facility failed to maintain the interior and exterior of the GHMRP in a in a safe, clean, orderly, attractive, and sanitary manner. The findings include: The environmental inspection of the GHMRP was conducted on August 29, 2008. The following concern were identified: The back porch/sunroom had brown water stains on the ceiling from water damage. The ceiling was also drooped down.	I 091	Maintenance was informed of the needed repair and was completed on 10-3-08. Additionally staff are required to complete a weekly facility check list to identify any maintenance concerns. This checklist is monitored by the QMRP.	10-3-08
I 108	3504.15 HOUSEKEEPING Each GHMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to his or her daily activities. This Statute is not met as evidenced by: Based on observation and staff interview, the GHMRP failed to provide an adequate amount of undergarments for three of the three residents in the facility. (Residents #1, #2 and #3)	I 108	At the time of the survey the under-garment of the individuals were folded in the laundry room. Staff have been instructed that this	10-3-08

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I 108	Continued From page 2 The findings include: 1. During the environmental inspection on August 29, 2008 at 11:00 AM, Residents #1 and #3 had two pair of underwear their dresser drawer. 2. During the environmental inspection on August 29, 2008 at 11:00 AM, Residents #2 had one pair of underwear his dresser drawer. There was no evidence that the GHMRP provided the residents with at least seven changes of underwear.	I 108	is unacceptable that all clothing must be put away. Lead Councilor will monitor daily and the QMRP will monitor on weekly basis. #1. See I108. 10/3/08 #2. See I108. 10/3/08	
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 interview and record review the GHMRP failed to ensure that each shift conducted a fire drill four times a year. The finding includes: Interview with the Facility Coordinator and review of the staffing pattern on August 28, 2008 at approximately 12:30 PM revealed the following scheduled shifts of duty: Monday - Friday 8:00 AM - 4:00 PM; 4:00 PM -12:00 AM; and 12:00 AM - 8:00 AM. Saturday - Sunday	I 135	Upon review of the fire drill Log fire drills were performed once a quarter on the Eight 8-4p shift, 4p-12mid. shift and 12-8am shift this also included week-ends. However our weekend shifts of 8-8p and 8-8a shifts are viewed as not included	

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I 135	Continued From page 3 8:00 AM - 8:00 PM; and 8:00 PM - 8:00 AM Review of the fire drill log revealed that several shifts failed to hold evacuation drills quarterly per shift. On the 8:00 AM - 4:00 PM shift, the log documented fire drills were held from June 2008 through August 20, 2008. On the 8:00 AM - 8:00 PM, there was no fire drills held between January 26, 2008 and May 4, 2008. On the 8:00 PM - 8:00 AM, there was no fire drills held between March 3, 2008 and June 7, 2008.	I 135	01 separate from the 8-4, 4-12, & 12-8 which cover a 24 hour period. Ward & Ward has instructed staff to Perform fire drills each quarter on the two weekend shifts.	10-3-08
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 interview and record review the GHMRP failed to maintained each resident's funds received and disbursed for two of the two residents in the sample. (Residents #1 and #2) The findings include: 1. The financial record review was conducted on August 28, 2008 for Resident #1. The review of the bank statements from September 2007 through April 2008 revealed a withdrawal on March 24, 2008 in the amount of $20.00. There were no receipts to determine how or when the monies were spent. 2. The financial record review was conducted on August 28, 2008 for Resident #2. The review of the bank statements from September 2007 through April 2008 revealed a withdrawal on May 9, 2008 in the amount of $42.00. There were receipts totaling $24.55. A withdrawal was made	I 189	1. Upon review of financial records revealed receipts for all transactions are available for review. Additionally, attached, is the finance policy which will be monitored monthly by the GHRP's. 2. See I189 #1.	10-3-08 10-3-08

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I 189	Continued From page 4 on May 23, 2008 in the amount of $35.00 with receipts totaling $16.50. Another withdrawal was made on October 4, 2007 in the amount of $525.00 with receipts total $495.00.	I 189		
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 interviews and record review, the facility failed to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6). The finding includes: The State regulatory agency conducted a review of personnel records on August 29, 2008, at which time there was no evidence that staff (Staff #1, #2, #5, #9 and #12) had a current health certificates.	I 206	Staff #1, #2, #5, #9 and #12 have updated their health certificates, find attached. Additionally the QMRP will monitor personel records quarterly to ensure all certifications are current to include background checks.	10-3-08
I 224	3510.5(a) STAFF TRAINING Each training program shall include, but not be limited to, the following: (a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and	I 224	Please find attached Ward & Ward's on going training schedule that includes overview of MR, Human dev.	

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I 224	Continued From page 5 frequently used medications, the history of care of individuals with mental retardation, and daily living skills; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to include training in overveiw of mental retardation to each staff. The finding includes: Review of the training records on August 29, 2008, revealed that the GHMRP failed to provide training in overview of mental retardation.	I 224	Cont. 1224 and Life cycle. Staff have been instruct- ed to attend the require training within 60 days. QMRP will monitor training records quarterly for compliance.	10-10-08
I 225	3510.5(b) STAFF TRAINING Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle (birth to death); This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure training was provide to each staff. The finding includes: Review of the training records on August 29, 2008 revealed that the GHMRP failed to provide training in Human Development.	I 225	See 1224.	10/10/08
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid,	I 227	Please find attached training records for first aid, infection Control dated 9-4-08.	10/10/08

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I 227	Continued From page 6 cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans; This Statute is not met as evidenced by: The finding includes: Review of the training records on August 29, 2008, the GHMRP failed to evidence documentation of staff training in infection control measures.	I 227		
I 228	3510.5(e) STAFF TRAINING Each training program shall include, but not be limited to, the following: (e) Resident ' s rights; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to provide training to each staff on Resident's Rights. The finding includes: Review of the training records on June 19, 2008 revealed that the GHMRP failed to provide training in Resident's Rights.	I 228	See 1224.	10-10-08
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition,	I 229	Please find attached training records for BSP, Sexuality, nutrition Assistive devices dated 8-1-08.	10-10-08

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I 229	Continued From page 7 recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to provide training to staff on nutrition, adaptive equipment and behaivor management plans. The finding includes: Review of the training records on August 29, 2008 revealed that the GHMRP failed to provide training in on nutrition, adaptive equipment and behaivor management plans.	I 229		
I 291	3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure each residents records were signed by the individual completing the assessment for two of the two residents in the the sample. (Residents #1 and #2) The findings include: The facility's Registered Nurse (RN) failed to sign Resident #1's quarterly reviews. 1. Interview with the facility's Licensed Practical Nurse (LPN) on August 28, 2008 at approximately 3:00 PM revealed that the RN completed quarterly nursing exams. Review of the Resident #1's medical record revealed a nursing assessment was completed on March 1, 2008. The assessment however was not signed to indicated who had completed the quarterly	I 291	1. Please find attached the copies of nursing quarterly review signature page.	10-10-08

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I 291	Continued From page 8 reviews. 2. Interview with the facility's LPN on August 28, 2008 at approximately 3:00 PM revealed that the RN completed the residents Health Management Care Plan dated February 4, 2007. The assessment however was not signed by the person who had completed the assessment.	I 291	2. Please find attached Copy of the HMCP ~~as~~ signature page.	10-10-08
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 interview and record review, the GHMRP failed to ensure timely treatment services and evaluations were conducted for one of the two residents included in the sample. (Resident #2) The findings include: 1. Review of Resident #2's current physician orders revealed an order for an EKG to be done quarterly. Further review of the medical record revealed that the last EKG was completed on August 21, 2007. 2. On August 28, 2008 Resident #2 was observed with brown stains on his teeth. Review of the residents's medical records revealed a dental consultation dated October 17, 2007. The consultation sheet indicated that the resident had advance periodontal disease and required full	I 401	1. LPN will schedule EKG quarterly and RN will monitor to ensure EKG is obtained. Last done 10-10-08. 2. ~~Individual~~ #2 is scheduled to see [redacted] who has treatment plan of quarterly visits to address the periodonal scaling needed.	10-10-08 10-14-08

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I 401	Continued From page 9 mouth X-rays, subgingival scaling, root planning times on all four quadrants. The dentist noted that future appointments should be every four months for follow up care. Interview with the Licensed Practical Nurse (LPN) indicated that an appointment had not been scheduled. There was no evidence that the GHMRP provided Resident #2 with the recommended dental follow up. 3. Review of Resident #2's medical record on August 28, 2008 at approximately 1:30 PM revealed a urology consultation sheet dated July 12, 2007. The consultation sheet indicated that the resident should have a PSA lab profile done. There was no evidence that the GHMRP obtained the lab profiles as recommended.	I 401	#3. Please attached PSA reading from 10-10-08.	10-10-08
I 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the GHMRP failed to ensure and obtain that each professional service provider provided a written report at least quarterly for services provided during the proceeding quarter for two of the two residents in the sample. (Residents #1 and #2) The finding includes: 1. During the entrance conference on August 28, 2008 at approximately 9:30 AM revealed that Resident #1 had a current Behavior Support Plan (BSP) to address his finger biting behaviors.	I 407	1. Please find attached quarterly reviews dated 11-15-07, 2-22-08, 5-23-08 and 8-21-08 that reflect monitoring of the behavioral objective.	10-3-08

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I 407	Continued From page 10 Review of the current BSP dated August 4, 2008 indicated the following objective which stated, "[the client] will demonstrate zero instances of finger biting. Review of the behavioral data sheet from October 2007 to August 2008 revealed no occurrences of the targeted behaviors. The GHMRP failed to provide evidence that the behavioral objectives were being monitored quarterly. 2. The RN failed to ensure that a quarterly nursing assessment were documented in the resident medical record for two of the two residents in the sample. (Resident #1 and #2) a. Review of Resident #1's medical record on August 28, 2008 revealed a nursing assessment was completed on March 1, 2008. Further record review revealed no evidence of a quarterly nursing assessment completed in June 2008 as scheduled. b. Review of Resident #2's medical record on August 28, 2008 revealed a nursing assessment was completed on March 30, 2008. Further record review revealed no evidence of a quarterly nursing assessment completed in June 2008. 3. Review of Resident #1's medical record on August 28, 2008 revealed a nutritional assessment dated March 26, 2008. The assessment indicated that the resident was under his ideal body weight (IBW). Review of the residents current physician's orders dated August 2008 revealed that the resident is prescribed a regular high calorie snacks between meals and encourage fruits and vegetables. However there was no evidence that a dietician had reviewed the nutritional status of Resident #1's since the initial assessment.	I 407	2. A, B & C. See 1291. 3. Please find attached Quarterly assessment from nutritionist dated 4/30/08 and 8-23-08.	10-10-08 10-10-08

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I 407	Continued From page 11 Interview with the QMRP and Licensed Practical Nurse (LPN) on August 28, 2008 acknowledged the lack of nutritional oversight for the resident. 4. Review of Resident's current physician order on August 28, 2008 at approximately 1:30 PM revealed a dietary order of Boost (nutritional supplement) three times per day. Further review of the medical record revealed a nutrition quarterly review dated January 19, 2008. At the time of the survey, there was no evidence of an updated nutrition quarterly.	I 407	↑ See #1407 #3.	10-10-08
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on observations, staff interviews and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise the Individual Program Plan (IPP) once the client has successfully completed an objective identified in the IPP for one of the two residents in the sample. (Resident #1) The finding includes: Review of Resident #1's IPP dated February 20, 2008 revealed a program objective which stated, "[the resident] will improve his activities of daily living skills by doing his laundry". Record verification of the of the data sheets from March	I 424	Review of the data collection sheet from 3/08 to 8/08 reflect that while individual #1 had become proficient in gathering and sorting he was still requiring physical assistance with use of detergent and regulating the machines. Find attached Quarterly reviews for that period that indicate	10/10/08

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I 424	Continued From page 12 2008 through August 2008 revealed that the client achieved the established criteria since March 2008.	I 424	to continue goal.	
I 430	3521.7(a) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (a) Eating and drinking (including table manners, use of adaptive equipment, and use of appropriate utensils); This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure that residents adaptive equipment was in good repair for one of two residents in the sample. (Resident #2) The findings include: Observations on August 28, 2008 at approximately 7:30 AM, Resident #2 was observed wearing a helmet with no strap. the helmet was flopping on his head. Interview with the House Manager indicated that since her arrival (June 2008), she had never seen a strap on the resident helmet. Further interview with the direct care staff on September 29, 2008 revealed that the helmet had a strap but had since been broken.	I 430	Individual # 2 has a new protective Helmet with strap. Nursing department went through the step required to get new helmet.	10-10-08

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R 000	INITIAL COMMENTS A licensure survey was conducted from August 28, 2008 through August 29, 2008. The survey was initiated using the fundamental survey process. A random sample of two residents was selected from a population of three male residents with mental retardation and various other disabilities. The findings of the survey were based on observations at the group home, interviews with residents and staff, and the review of clinical and administrative records including 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 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 finding includes: Review of the personnel files on August 29, 2008 revealed the GHMRP failed to provide evidence of criminal background checks for three direct care staff (Staff #1, #3, and #5).	R 125	Staff #1, #3 and #5 have updated their background checks and attached. Additionally, QMRP will monitor personel records quarterly to ensure all certifications are Current.	10-10-08

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Program Director — (X6) DATE: 10-10-08

PRINTED: 09/17/2008
FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0043	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 08/29/2008
NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 823 FERN PL, NW WASHINGTON, DC 20012		

(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