

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

PRINTED: 09/09/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2010
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NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 14TH STREET, SE WASHINGTON, DC 20003
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W 000	INITIAL COMMENTS A recertification survey was conducted from August 31, 2010 through September 2, 2010, utilizing the fundamental survey process. A random sampling of three individuals was selected from a population of five males and one female with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home and two day programs, interviews with group home/day program staff, and the review of clinical and administrative records, including incident/investigation reports.	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that outside services met the needs of each client, for one of the three clients included in the sample. (Client #3) The findings include: 1. The day program failed to ensure staff implemented Client #3's foot stool protocol as recommended. On August 31, 2010, evening observations from 4:27 p.m. to 5:58 p.m., revealed staff elevated Client #3's feet when he was removed from his wheelchair. Staff was also observed to elevate	W 120	Received 9/17/10 DOH-HRLA-1000 The Day Program staff was trained on 09-13-10 on Client #3's foot stool protocol with emphasis on: a) Client #3's use of foot stool to elevate his feet should be implemented on a consistent basis by staff. b) The only exceptions to the above protocol is when client #3 is in the wheelchair, at the dining table and participating in table activities that lasts no longer than 15 minutes.	09-13-10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Gmery Steph</i>	TITLE President	(X5) DATE 9/17/10
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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 120	<p>Continued From page 1</p> <p>the client's feet after he completed his evening snack and dinner meal. Observations conducted at the day program on September 2, 2010, from 10:52 a.m. to 11:08 a.m. revealed Client #3 sat on a blue bean bag without his feet elevated. At 11:10 a.m. Client #3 was transferred from the bean bag to his wheelchair for lunch.</p> <p>Interview with the day program Counselor #1 revealed that Client #3 was placed on the bean bag at approximately 10:30 a.m. Further interview revealed that the client had a protocol to elevate his feet while here at the day program. Counselor #1 stated that sometimes Client #3's feet are elevated during the morning or after lunch.</p> <p>Review of Client #3's foot stool protocol dated January 2010 located in the day program's records revealed a protocol to keep the client's feet elevated at below mentioned times (daytime, afternoon, evening) for preventative measures. When shared with Counselor #1, she acknowledged that Client #3's feet should have been elevated while he was repositioned out of his wheelchair. When asked if she had received training on Client #3's foot stool protocol, she stated no.</p> <p>Note: It should be noted that Client #3 is totally blind.</p> <p>2. The day program failed to ensure staff used a raised block for Client #3's during lunch as recommended.</p> <p>On August 31, 2010, at approximately 4:32 p.m., the facility's staff was observed to place Client #3's food on a raised block during snack time. At</p>	W 120	<p>The QMRP will make weekly unannounced visits to the day program for four consecutive weeks and follow up with monthly visits to monitor the implementation of the protocol and to ensure that day program staff is knowledgeable. (See Attached A1 - A4)</p> <p>2. The Day program staff was trained on 09-13-10 on client #3 use of a raised block during all meals. The QMRP will make weekly unannounced visits to the day program for four consecutive weeks and follow up with monthly visits to monitor the implementation of the raised block protocol and to ensure that day program staff is knowledgeable. (See attachment A1-A4)</p>	09-13-10	

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W 120	<p>Continued From page 2</p> <p>6:20 p.m., staff placed Client #3's dinner on a raised block during dinner time. Observations conducted at the day program on September 2, 2010, at 1:10 a.m., revealed the Counselor #2 transported Client #3 to the table in his wheelchair for lunch. Counselor #1 was observed to push the client's safety helmet up while placing a cloth bib/apron around his neck. At 11:25 a.m., Client #3 was observed to eat his food from a hi/lo plate which was sat directly on the table by Counselor #1. Counselor #1 verbally prompted the client to lean down over to scoop up his food throughout his lunch. Each time Client #3 leaned forward to scoop up his food, the helmet would cover his eyes. At 1:37 a.m., Client #3 was observed lifting his plate toward his mouth to scoop his food.</p> <p>When asked if Client #3 had a raised block to assist with his feeding during lunch time, Counselor #1 stated that she was not familiar with the raised block. Counselor #2 explained to Counselor #1 that Client #3 used a raised block (plate riser) as part of his adaptive equipment. Counselor #2 stated that it was part of his protocol. Counselor #1 immediately located the raised block which was sitting under a stack of papers and placed Client #3's plate on top of it. Client #3 ate without any problems throughout the rest of his lunch.</p> <p>Review of Client #3's records revealed a protocol January 2010 for a raised block protocol to be used during meal time. When shared with Counselor #1, acknowledge that she had not been using the raised block as recommended. When asked if she had received training on Client #3's raised block protocol, she stated no.</p>	W 120		

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W 120	<p>Continued From page 3</p> <p>3. The day program failed to ensure staff implemented Client #3's helmet protocol as recommended.</p> <p>On August 31, 2010, at 4:27 p.m., Client #3 arrived home from the day program. Staff immediately removed the client's helmet from his head. The helmet remained off until Client #3 was transported on a community walk at 5:05 p.m. At 5:29 p.m., staff was observed to remove Client #3's helmet after he returned back from his community walk.</p> <p>Observations conducted at the day program on September 2, 2010, from 10:52 a.m. to 11:08 a.m. revealed Client #3 sat on a blue bean bag with his helmet on covering his eyes at time. At 11:10 a.m., Client #3 was transferred from the bean bag to his wheelchair and escorted to the table for lunch. Counselor #1 was observed to push the client's safety helmet up while placing a clothe bib/apron around his neck. At 11:25 a.m., Client #3 was observed to eat his from a hi/lo plate which was sat directly on the table by Counselor #1. Counselor #1 verbally prompted the client to lean down lower to scoop up his food throughout his lunch. Each time Client #3 leaned forward to scoop up his food, the helmet would cover his eyes.</p> <p>Interview with Counselor #1 revealed that she never removed Client #3's helmet due to safety precautions. When mentioned that the group home removes his helmet during mealtimes, she stated the helmet protocol indicated to keep his helmet on at all times.</p> <p>Review of the helmet protocol dated January 2010 at the group home on September 1, 2010,</p>	W 120 3.	<p>The day program staff was trained on 09-13-10 on Client #3's helmet protocol with emphasis on when to have his helmet on and when to take his helmet off. QMRP will make weekly unannounced visits to the day program for four consecutive weeks and follow up with monthly visits to monitor the implementation of client # 3 helmet protocol and to ensure that day program staff is knowledgeable. (See attachment A1-A4)</p>	09-13-10
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W 120	Continued From page 4	W 120		
W 159	<p>at approximately 3:09 p.m., revealed exceptions to remove the helmet during mealtime and leisure time. When asked if she had received training on Client #3's helmet protocol, she stated no.</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>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) coordinate, integrated and monitored services, for one of three sampled clients. (Client #3)</p> <p>The findings include:</p> <p>1. Cross-ref to W120. The QMRP failed to outside services implemented various protocols to address the needs of Client #3.</p> <p>2. Cross-ref to W474. The QMRP failed to ensure the residential staff provided meals in the form and texture as prescribed.</p>	W 159	<p>1. The day program staff was trained on 09-13-10 on client#3's foot stool protocol with emphasis on: a) client # 3 use of foot stool to elevate his feet should be implemented on a consistent basis by staff.</p> <p>b) The only exceptions to the above protocol is when client # 3 is in the wheelchair, at the dining table and participating in table activities that lasts no longer than 15 minutes. The QMRP will make weekly unannounced visits to the day program for four consecutive weeks and follow up with monthly visits to monitor the implementation of the protocol and to ensure that the day program staff is knowledgeable (See attachment A1-A4).</p>	09-13-10
W 355	<p>483.460(g)(1) 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:</p>	W 355	<p>2. The Day program staff was trained on 09-13-10 on client #3 use of a raised block during all meals. The QMRP will make weekly unannounced visits to the day program for four consecutive weeks and follow up with monthly visits to monitor the implementation of the raised block protocol and to ensure that the day program staff is knowledgeable. (See attachment A1-A4)</p> <p>3. The day program staff was trained on 09-13-10 Client #3's helmet protocol with emphasis on when to have his helmet on and when to have his helmet off. QMRP will make weekly unannounced visits to the</p>	09-13-10

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W 356	<p>Continued From page 5</p> <p>Based on interview and record review, the facility failed to ensure that client's received dental services in a timely manner, for one of three sampled clients. (Client #3)</p> <p>The finding includes:</p> <p>Review of Client #3's medical record on September 1, 2010, at 4:23 p.m., revealed a dental progress note dated September 7, 2009. The note indicated that Client #3 had generalized scaling, prophylaxis with polish. Further review revealed a dental exam occurred on January 11, 2010. The exam revealed Calculus present on most teeth surfaces. Scaling is indicated. Pre-authorization request will be submitted for approval... will call to reschedule.</p> <p>Interview with the facility's qualified mental retardation professional (QMRP) on September 2, 2010, at approximately 12:45 p.m., revealed that the client had not returned back to the dental office for treatment since January 11, 2010. The QMRP stated that the client has a dental appointment scheduled for October 6, 2010, nine months later, preauthorization pending. At the time of the survey, the facility failed to ensure Client #3 received timely dental services follow-up.</p>	W 356	<p>day program for four consecutive weeks and follow up with monthly visits to monitor the implementation of client # 3 helmet protocol and to ensure that day program staff is knowledgeable (See Attachment A1-A4)</p> <p>Client # 3 had a dental appointment scheduled for 10-06-10 at 10 am. Generally , getting dental appointments for our clients is a universal problem due to the pre-authorization process established by M.A.A. (Medical Assistance Administration) QMRP will make every effort to ensure that all clients receive timely dental services in the future.</p>	10-06-10	
W 474	<p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all clients received their meals in the form and consistency</p>	W 474	<p>Staff was retrained on 09-06-10 by the Nutritionist on food consistency or texture, puree chopped and bite size. QMRP and House Manager will monitor meal protocols for all individuals on a daily basis for two weeks and then monthly for 3 months to ensure that staff is knowledgeable and can implement all meal protocols (See Attachment B)</p>	09-06-10	

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W 474	<p>Continued From page 6 prescribed for one of three sampled clients. (Client #3)</p> <p>The finding includes:</p> <p>Observation on the evening of August 31, 2010, at 6:26 p.m., direct care staff was observed to chop Client #3's banana into bite size pieces after dinner for his dessert. On September 1, 2010, at 12:46 p.m., Client #3 was observed being served a banana in its whole form during lunch time.</p> <p>On September 1, 2010, at approximately 2:10 p.m., interview with the Staff #1 who prepared and served the meal indicated that "all food has to be chopped" for Client #3.</p> <p>Record review on September 1, 2010, at 4:35 p.m., revealed an annual nutritional assessment dated April 25, 2010. According the assessment and review of the current physician order (August) Client #3 was prescribed a low salt, high fiber, no can food, chopped diet.</p> <p>Additional interview with Staff #1 on September 2, 2010, at approximately 1:00 p.m., acknowledged that Client #3's banana should have been chopped as prescribed. At the time of the survey, there was no evidence the facility had ensure that Client #3 received his food in a chopped textures at all times as prescribed.</p>	W 474			

Health Regulation Administration

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1 000	INITIAL COMMENTS A licensure survey was conducted from August 31, 2010 through September 2, 2010. A random sampling of three residents was selected from a population of five males and one female with various levels of mental retardation and disabilities The findings of the survey were based on observations at the group home and two day programs, interviews with group home/day program staff, and the review of clinical and administrative records, including incident/investigation reports.	1 000		
1 042	3502.2(b) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (b) Planec, prepared, and served by individuals who have received instruction from a dietitian; and... This Statute is not met as evidenced by: Based on observation, interview and record review, the SHMRP failed to ensure all residents received their meals in the form and consistency prescribed for one of three sampled residents. (Resident #1) The finding includes: Observation on the evening of August 31, 2010, at 6:26 p.m., direct care staff was observed to chop Resident #3's banana into bite size pieces after dinner for his dessert. On September 1, 2010, at 12:16 p.m., resident #3 was observed being served a banana in its whole form during lunch time.	1 042	Staff was retrained on 09-06-10 by the Nutritionist on food consistency or texture: puree, chopped and bite size. QMRP and House Manager will monitor meal protocols for all individuals on a daily basis for two weeks and then monthly for 3 months to ensure that staff is knowledgeable and can implement all meal protocols. (See Attachment B)	09-06-10

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

Gregory Stephen

TITLE *President* (X6) DATE *9/17/10*

Health Regulation Administration

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I 042	Continued From page 1 On September 1, 2010, at approximately 2:10 p.m., interview with the Staff #1 who prepared and served the meal indicated that "all food has to be chopped" for Resident #3. Record review on September 1, 2010, at 4:35 p.m., revealed an annual nutritional assessment dated April 25, 2010. According to the assessment, and review of the current physician orders (August), resident #3 was prescribed a low salt, high fiber, no can food, chopped diet. Additional interview with Staff #1 on September 2, 2010, at approximately 1:00 p.m., acknowledged that Resident #3's banana should have been chopped as prescribed. At the time of the survey, there was no evidence the GHMRP had ensured that Resident #3 received his food in a chopped texture at all times as prescribed.	I 042		
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 and interview, the group home for mentally retarded persons (GHMRP) failed to maintain the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner for six of six residents residing in the facility. (Resident #1, #2, #3, #4, #5 and #6) The findings include: Observation and interview with the facility's	I 090		

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1 090	<p>Continued From page 2</p> <p>House Manager (HM) on September 1, 2010, beginning at approximately 1:45 p.m., revealed the following:</p> <p>Interior:</p> <ol style="list-style-type: none"> In Resident #1's bedroom there were broken floor tiles behind the bed, and at the bottom of the closet door. The bathroom toilet seat located on the first floor was observed worn. Resident #2 and #3's bedroom floor had tiles missing behind their bed. A crack in the ceiling was also observed in the aforementioned residents room closet. <p>The House Manager (HM) acknowledged these deficiencies during the exit conference on the same day.</p>	1 090	<ol style="list-style-type: none"> The broken floor tiles behind the bed were replaced on 09-02-10 during the survey. The bathroom toilet seat was replaced on 09-02-10. The missing floor tiles in the bedroom were replaced on 09-02-10. Also the crack in the ceiling was repaired on 09-02-10. The QMRP and House Manager will conduct weekly and monthly environment check to ensure a clean and safe environment. Also all repairs will be completed in a timely manner. 	09-02-10
1 401	<p>3520.3 PROFESSIONAL SERVICES: GENERAL PROVISIONS</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that Resident's received dental services in a timely manner, for one of three sampled Residents. (Resident #3)</p> <p>The finding includes:</p>	1 401		

Health Regulation Administration

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1401	Continued From page 3 Review of Resident #3's medical record on September 1, 2010, at 4:23 p.m., revealed a dental progress note dated September 7, 2009. The note indicated that Resident #3 had generalized scaling, prophylaxis with polish. Further review revealed a dental exam occurred on January 11, 2010. The exam revealed Calculus present on most teeth surfaces. Scaling is indicated. Pre-authorization request will be submitted for approval... will call to reschedule. Interview with the GHMRP's qualified mental retardation professional (QMRP) on September 2, 2010, at approximately 12:45 p.m., revealed that the Resident had not returned back to the dental office for treatment since January 11, 2010. The QMRP stated that the Resident has a dental appointment scheduled for October 6, 2010, nine months later, pre-authorization pending. At the time of the survey, the GHMRP failed to ensure Resident #3 received timely dental services follow-up.	1401	Resident # 3 had a dental appointment schedule for 10-06-10 at 10 am . Generally, getting dental appointments for our residents is a universal problem due to the Pre-authorization process established by MAA. However, QMRP will make every effort to ensure that all residents receive timely dental service in the future.	10-06-10