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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G172	A. BUILDING _____ B. WING _____	05/14/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
D C HEALTH CARE	903 14TH STREET, SE WASHINGTON, DC 20019

(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) COMPLETION DATE
W 000	INITIAL COMMENTS A recertification survey was conducted on May 12, 2009 through May 14, 2009. The survey was initiated as a full survey due to facility's history of condition level deficiencies during the previous survey period. A random sampling of three clients from the residential population of six males was selected for the survey. The results of the survey were based on observations in the home and at three day programs, staff interviews, as well as a review of the client and administrative records, including a review of the unusual incident reports.	W 000	Received 6/10/09 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
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, interviews, and record review, the facility failed to ensure that outside services met the needs of each client, for one of three clients in the sample. (Client #2) The finding includes: On May 12 2009 at 7:25 AM, Client #2 was observed in his group home eating pureed eggs, muffins and cereal with hand over hand assistance. However, the client was able to drink his honey consistency orange juice without assistance. Client #2's adaptive equipment consisted of a plate guard, high tray, and a built up spoon and fork. Observations at Client #2's day program at 12:40 PM, revealed Client #2 sitting in a classroom wearing a bib. According to staff interview at	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mamta Tiwari	Deputy Director/D.C.H.C.	6/8/09

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	Continued From page 1 12:42 PM, Client #2 had just finished eating pureed meat balls, rice, mix vegetables and grape juice mixed with water. When questioned further if the client had utilized adaptive equipment and Thick-It as observed earlier in the group home, the staff stated "no" further indicating that Client #2 was transferred to his classroom because his teacher went on a trip. He also indicated that he was only told to serve Client #2 a pureed lunch. Review of the day program meal time protocol dated March 1, 2009 at 12:46 PM, stated that the client should be provided with a Dycem mat, scoop dish, built up spoon, was independent with feeding, after set up and was able to drink liquids with verbal prompts. Further review revealed a caution notation which stated that " the client is at risk for aspiration and choking due to reduced oral motor skills and reduced chewing skills." Thick-It was to be used. Interview with the Qualified Mental Retardation Professional (QMRP) on May 14, 2009, at approximately 2:40 PM indicated that the day program was aware of Client #2's mealtime protocol. There was no evidence that Client #2's mealtime protocol was implemented while at the day program.	W 120	The day program has been provided with meal time adaptive equipment (Plate Guard, High Tray, Built-Up Spoon and Fork, thick it and Dycem mat) since January 2009 for Client # 2 The QMRP retrained the Day Program Staff on feeding protocols for Client # 2, 2 on 6/2/09 QMRP will make weekly visit for the first month to the day program effective 6/4/09 then monthly visits to the day program to monitor program implementation. Visits to the day program effective 6/4/09 to monitor program implementation. See Attachment (A)	6-2-09
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.	W 159		

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W 159	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to coordinate, integrated and monitor the active treatment programs for three of three clients in the sample in the facility. (Clients #1, #2, and #3) The findings include: 1. The QMRP failed to coordinate and monitor Client #3's active treatment program to ensure that the self-medication training objective was implemented. (See W249 and W340) 2. The QMRP failed to coordinate active treatment to ensure that written training programs designed to implement the individual program Plan (IPP) objectives specified the type of data necessary to monitor the client's progress toward the objectives for Clients #1 and #3. (See W237) 3. The QMRP failed to monitor and coordinate services to ensure data relative to the accomplishment of the criteria specified in th individual program plan objectives was documented in measurable terms for Clients #1 and #3. (See W252) 4. The QMRP failed to monitor and coordinate services to ensure the required consistency of Client #2 thickened liquids was identified by the specialist (See W474) 5. The QMRP failed to coordinate with the nutritionist to ensure that Clients #1 and #2 received comprehensive nutritional assessments. (See W217)	W 159	1 Client # 3's Self Medication has plateaued and was maintained as informal objective which did not require data collection. This was an oversight by QMRP. QMRP was trained by Program Manager on properly matching and identifying formal and informal objectives in I.P.P Program Manger will monitor I.P.P book on quarterly basis. See Attachment (D) 2 Client # 3 ROM training objectives was reviewed and modified on 5-29-09 staff was retrained on 5-29-09 on how to implement and document the program. The QMRP will monitor the program weekly for one month effective 6/1/09 and then continue with monthly monitoring. The QMRP will ensure that the ROM training objectives are implemented consistently. Data Collection Sheet was modified with clarification to the key. Q.M.R.P will continue to monitor all individual programs on monthly basis to ensure proper implementation and documentation of this program.	06/02/09 5-29-09
W 217	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN	W 217		

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W 217	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN	W 217		

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W 217	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN	W 217		

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W 217	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN	W 217		

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W 217	Continued From page 3	W 217		

The comprehensive functional assessment must include nutritional status.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure a comprehensive assessment of the caloric requirement for two of three clients in the sample. (Clients #1 and #2)

The finding includes:

On May 12, 2009 at 8:30 AM, Client #1 was observed to have consumed 100 percent of his breakfast. On May 12, 2009 at 6:45 PM and again at dinner on May 13, 2009, Client #1 was observed to eat 100 percent of his meal.

Interview with group home staff on May 12, 2009 at 8:30 AM revealed that Client #3 received an 1800 calorie diet and usually ate all of his food. Interview with the day program instructor on May 12, 2009 at 1:30 PM revealed the client seemed to enjoy his food and usually ate all of his meal. Interview with the Qualified Mental Retardation Professional revealed that the nurse weighed the client and documented the weights on the chart in the client's record. According to the QMRP, the nutritionist had addressed a court recommendation for an assessment to determine a possible reason for Client #1 weight gain.

Record review on May 14, 2009 at 3:15 PM revealed a court recommendation (dated October 29, 2008) that Client #1's weight gain be explained and that a plan be devised to promote weight loss. Further record review revealed that

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W 217	Continued From page 4 at the time of the hearing the client was already prescribed an 1800 calories a day, plus 8 ounces cranberry juice twice a day. A nutrition progress note dated October 2, 2008 indicated the client weighed 184 pounds. The review of Client #1's Annual Nutritional Assessment dated February 8, 2009 revealed the client's height was 5 feet, 9 inches and that he weighed 189 pounds (Ideal Body Weight 141 to 179 pounds). The dietary/feeding section documented that the client was prescribed an 1800 kcal, low, high fiber, chopped diet with 1 cup of cranberry juice twice/day. According to the nutrition summary, the client weighed 189 pounds, which reflected a gain of nine pounds since January 2008. The nutrition summary documented that the client usually consumed 85 to 100 percent of his diet. The review of the client's record, however revealed no food intake record were completed or available. Nutritional recommendations included : (a) Client should avoid further weight gain; (b) Monitor weight monthly. At the time of the survey, there was no evidence that Client #1's daily caloric needs had been established or that the number of calories had been modified to encourage weight loss had been established. 2. On May 12, 2009 at 7:25 AM, Client #2 was observed seated at the table dining room. He appeared to be thin and below his ideal body weight. On May 12 ,2009 at 6:35 PM, Client #2 was observed to receive pureed chicken, rice and spinach and ice cream for dessert. At 6:38 PM	W 217 1-	Effective June 1, 2009 staff will use "Daily Food Intake chart for Client # 1 intake for all meals for two weeks. The nutritionist will use the data to calculate daily Calorie intake. Based on Client # 1 average daily calorie intake, calories will be subtracted or reduced to promote weight loss. The nutritionist will continue to calculate average daily calorie intake for two more weeks. Staff will continue to document Daily Food Intake Chart for client # 1 meal intake for 2 more weeks i.e June 19-July 4, 2009 QMRP and House Manager will check Client # 1's food (Portion size) and intake documentation trains retrain and test staff about above. Also Q.M.R.P will do the same at the day program on his visit. Also will work closely with medical staff and physical therapist for above issue. See Attachment C	6-1-09

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W 217	Continued From page 5 the client was observed spilling food on his clothing, as he attempted to feed himself. Staff intervened and proceeded to feed the client, using hand over hand assistance. The client continued to eat slowly and at 7:19 PM finished drinking his thickened milk. Interview with staff on May 12, 2009 at 7:23 PM, revealed Client #2 was prescribed a 4000 calorie diet to help him gain weight. Further interview with staff revealed the client usually ate about 90% of his diet, however it took him a long time to eat his meal. Record review on May 12, 2009 at 2:05 PM, revealed Client #2's Annual Nutritional Assessment was completed on October 8, 2008. The assessment revealed that the client was 5 feet tall and weighed 98 pounds (healthy body weight range: 110 - 120 pounds). The client's food intake was stated as 85 to 90 % of his meals. The client was prescribed double portion (4000 calories), low cholesterol, high fiber, iron rich, pureed food diet. The review of the May 1, 2009 physician's orders revealed Client #2 was prescribed a low cholesterol, high fiber, with 4000 calories with pureed iron rich food. May give Ensure once or twice a day, if client does not eat his meal. Monitor body weight two times a month. Further record review revealed inconsistencies in the client's body weight. On May 5, 2009, the client's weight documented on the medication administration record was 100 pounds. On March 4, 2009 and March 18, 2009 the client's weight was 72 pounds and 74 pounds respectively. The record failed to reflect that the nutritionist was aware of the March weights.	W 217	Effective June 1, 2009 staff will use "Daily Food Intake chart for Client # 2's intake for all meals for two weeks. The nutritionist will use the data to calculate daily Calorie intake. Based on Client # 2 average daily calorie intake, calories will be added to promote weight gain. The nutritionist will continue to calculate average daily calorie intake for two more week, after which the diet will be adjusted to meet client # 2's needs. Q.M.R.P and Nutritionist will continue to monitor Client # 2's weight on a monthly basis and notify medication team as well if concern is not satisfied. See Attachment B2	6-1-09

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W 217	Continued From page 6 The dietary/feeding section of the Annual Nutritional Assessment documented that the client received a double portion (4000 kcal, low cholesterol, high fiber, iron rich, pureed food. The nutrition summary documented that the client usually consumed 85 to 95 percent of his diet. The review of the client's record, however revealed no food intake records were completed or available to monitor the client's intake. Nutritional recommendations included: (a) 4000 kcal, low cholesterol, high fiber, iron rich, pureed food (follow modified eating procedures as per speech, language consult) with thin liquid and thick- it to liquid; (b) monitor food intake frequently; (c) attain and maintain weight within 10% of healthy body weight range; (d) monitor weight monthly. At the time of the survey, there was no evidence that Client #21 daily caloric needs had been established or that the number of calories the client required for weight gain had been established.	W 217	Staff were retrained on the diet of Client #2 in the facility on 6-1-09 with emphasis on texture, portion size and food intake. The QMRP and House Manager will monitor meal preparation and serving on a daily basis effective 5-18-09. Also, Nutritionist will monitor the above See Attachment (B & C)	6-1-09
W 237	483.440(c)(5)(v) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each written training program designed to implement the objectives in the individual program plan (IPP) included a data collection system directly related to the outcome	W 237		

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W 237	Continued From page 7 of the objective for two of the three clients included in the sample. (Clients #1 and #3) The findings include: 1. On May 13, 2009 at 8:50 PM, Client #1 was observed seated in his wheel chair. Interview with the Residential Director (RD) on May 15, 2009 at 2:30 PM revealed Client #1 received exercises to maintain his range of motion (ROM). Further interview with the RD revealed the number of exercise repetitions to be done was ten. According to the RD, if the client tolerated the exercises, staff documented an "A" in the block on the data collection sheet. On May 14, 2009, at 1:00 PM, the review of the client's training book revealed the client had a goal to participate in ROM exercises daily. According to the task analysis, the client should received the following exercises: (a) hip abduction (b) Ankle Rotation (c) Knee straightening (d) Knee Flexion (e) Straight leg raises On May 14, 2009 at 1:38 PM, the review of the physical therapy quarterly dated February 6, 2009 revealed, "Has done well with range of motion exercises; increase the exercises from three times a week to five times a week." The review of data collected for April and May 2009 revealed "A" was documented on the days the objective was implemented. According to the program data key, "A" equaled absent. At the time of the survey, there was no evidence the data collection system was designed to include documentation	W 237	1- Client # 3 ROM training objectives was reviewed and modified on 5-29-09 staff was retrained on 5-29-09 on how to implement and document the program. The QMRP will monitor the program weekly for one month effective 6/1/09 and then continue with monthly monitoring. The QMRP will ensure that the ROM training objectives are implemented consistently. Data Collection Sheet was modified with clarification to the key. Q.M.R.P will continue to monitor all individual programs on monthly basis to ensure proper implementation and documentation of this program. See Attachment B1, 3& 4	5-29-09

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W 237	Continued From page 8 on the client's tolerance of the aforementioned lower extremity range of motion exercises. 2. On May 13, 2009 at 8:50 AM, Client #3 appeared to have fixed contractures of his extremities. Interview with staff on May 13, 2009 at 9:00 AM revealed that the client was totally dependent for all activities of daily living. Interview with the Residential Director (RD) on May 15, 2009 at 2:30 PM revealed Client #1 received exercises to maintain his range of motion (ROM). According to the RD, if the client tolerated the exercises, staff documented an "A" in the block on the data collection sheet. On May 14, 2009, at 9:45 AM, record review revealed Client #3's diagnoses included spastic quadriplegia and fixed contractures of extremities. The physical therapist (PT) recommended that the client continue to be provided upper and lower range of motion exercises daily. The August 18, 2008 Individual Program Plan included an objective that the client to have upper and lower ROM exercises. PT quarterly reviews on June 9, 2008 and March 18, 2009 documented the client was cooperative for the ROM exercises. The review of Client #3's training book revealed he had a goal to participate in ROM exercises daily. The review of data collected for April and May 2009 revealed "A" was documented for each day. According to the program data key, "A" equaled absent. At the time of the survey, there was no evidence data collection system was designed to include documentation on the client's tolerance of upper and lower range of motion exercises.	W 237	2 - Client # 3 ROM training objectives was reviewed and modified on 5-29-09 staff was retrained on 5-29-09 on how to implement and document the program. The QMRP will monitor the program weekly for one month effective 6/1/09 and then continue with monthly monitoring. The QMRP will ensure that the ROM training objectives are implemented consistently. Data Collection Sheet was modified with clarification to the key. Q.M.R.P will continue to monitor all individual programs on monthly basis to ensure proper implementation and documentation of this program. See Attachment B1, 3& 4	5-29-09

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W 249	483.440 d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure continuous active treatment was implemented in accordance with the interdisciplinary team recommendations for one of three clients in the sample. (Client #3) The finding includes: The facility failed to ensure that Client #3's self medication objective was implemented. (See W340)	W 249	Client # 3's Self Medication has plateaued and was maintained as informal objective which did not require data collection. This was an oversight by QMRP. QMRP was trained by Program Manager on properly matching and identifying formal and informal objectives in I.P.P Program Manger will monitor I.P.P book on quarterly basis.	06/02/09
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure accurate documentation of progress on the individual program plan (IPP) objectives, for two of the three clients included in the sample. (Client #1 and #3)	W 252	See Attachment (D)	

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W 252	Continued From page 10 The findings include: 1. Cross refer to W237.1. The facility failed to collect data in measurable terms which was necessary to monitor Client #1's progress in his lower extremity range of motion objective. 2. Cross refer to W237.2. The facility failed to collect data in measurable terms which was necessary to monitor Client #3's progress in recommended upper and lower extremity range of motion exercise objective.	W 252 1	Client # 1's ROM training objective was reviewed and modified on 5-29-09. Staff was retrained on 5-29-09 on how to implement and document the program. The QMRP will monitor the program weekly for one month effective 6/1/09 and then continue with monthly monitoring. The QMRP will ensure that the ROM training objectives are implemented consistently. Data Collection Sheet was modified with clarification to the key. Q.M.R.P will continue to monitor all individual programs on monthly basis to ensure proper implementation and documentation of this program.	5-29-09
W 331	483.460(a) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure nursing services in accordance with the needs of three of four clients in the sample. (Client #1,2 and #3) The finding includes: 1. The facility failed to ensure that Client #3's self medication objective was implemented as recommended. (See W340) 2. The facility's nursing services failed to ensure timely coordination of services to facilitate Client #1's recommended extraction of teeth in poor repair. (See W356) 3. The facility's nursing services failed to closely monitor the body weight of Clients #1 and #2 as evidenced below:	W 331 2	Client # 3 ROM training objectives was reviewed and modified on 5-29-09 staff was retrained on 5-29-09 on how to implement and document the program. The QMRP will monitor the program weekly for one month effective 6/1/09 and then continue with monthly monitoring. The QMRP will ensure that the ROM training objectives are implemented consistently. Data Collection Sheet was modified with clarification to the key. Q.M.R.P will continue to monitor all individual programs on monthly basis to ensure proper implementation and documentation of this program. See Attachment (C2)	5-29-09

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W 252	Continued From page 10 The findings include: 1. Cross refer to W237.1. The facility failed to collect data in measurable terms which was necessary to monitor Client #1's progress in his lower extremity range of motion objective. 2. Cross refer to W237.2. The facility failed to collect data in measurable terms which was necessary to monitor Client #3's progress in recommended upper and lower extremity range of motion exercise objective.	W 252		
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure nursing services in accordance with the needs of three of four clients in the sample. (Client #1,2 and #3) The finding includes: 1. The facility failed to ensure that Client #3's self medication objective was implemented as recommended. (See W340) 2. The facility's nursing services failed to ensure timely coordination of services to facilitate Client #1's recommended extraction of teeth in poor repair. (See W356) 3. The facility's nursing services failed to closely monitor the body weight of Clients #1 and #2 as evidenced below:	W 331	1- Client # 3's Self Medication has plateaued and was maintained as informal objective which did not require data collection. This was an oversight by QMRP. QMRP was trained by Program Manager on properly matching and identifying formal and informal objectives in I.P.P Program Manger will monitor I.P.P book on quarterly basis. See Attachment (D)	06/02/09

B

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W 331	Continued From page 11 a. On May 12, 2009, at 7:25 AM, Client #2 was observed eating pureed eggs, muffins, cereal and orange juice mixed with thick it. Interview with the Direct Care Aid at approximately 7:50 AM revealed that Client #2 receives a double portion diet. Review of the physician orders dated July 1, 2008 through May 1, 2009 at 4:05 PM revealed that Client #2 weight was prescribed monthly. Review of the nutritionist quarterly report dated January 13, 2009 and April 9, 2009 confirmed that Client #2 is below his ideal body weight. Review of the vital signs flow sheet revealed the following weights: February 17, 2009 98 lbs March 3, 2009 98 lbs April 16, 2009 97 lbs Review of the Medication Administration Sheet revealed the following weights: February 3, 2009 97 1/4 lbs February 18, 2009 97 lbs March 4, 2009 74 lbs March 18, 2009 72 lbs April 3, 2009 101 lbs April 17, 2009 102 lbs The registered nurse acknowledge the inconsistencies in regards to the vital signs flow sheet and the medication administration sheet. b. Record review on May 14, 2009 at 3:15 PM revealed a court recommendation (dated October	W 331 2-	Client # 1 teeth were extracted at Howard University Hospital under general anesthesia on 04/30/09. However there was a delay in obtaining the appointment due to preauthorization by M.A.A. then scheduling appointment at H.U.H and also obtaining the consent from legal guardian. QMRP and nursing Staff will ensure that they are dental recommendation is completed in a timely manner.	04-30-09
		3-	Client #2 is in wheelchair and weight is taken by a scale where one roles the wheel chair along with client on the w/c. It appears that the medication nurse did not check the scale adjustment while taking weight and recorded the weight on M.A.R without paying proper attention. An in service was given to nurses about weighing clients and ensuring that scales are properly adjusted and matched. If there is a drastic change in weight for whatever reason to inform the immediate supervisor immediately so it can be rechecked. R.N will monitor this issue for all the individual in the facility on monthly basis to avoid future discrepancies/issue. Attachment # E1 –E9	

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W 331	Continued From page 12 29, 2008) that Client #1's weight gain be explained and that a plan be devised to promote weight loss. A nutrition progress note dated October 2, 2008 indicated the client weighed 184 pounds. Interview with the QMRP on May 15, 2009 at approximately 1:30 PM revealed the weights were evaluated by the nurse and documented on the weight chart. According to the QMRP, the nutritionist had addressed the court recommendation and the client had lost some weight. Record review on May 14, 2009 revealed that the 2008 weight chart maintained by the nurse could not be located in the client's record. The weight for April 2008 was 188 pounds. At the time of the survey, there was no evidence the facility has maintained an effective system for documenting Client #1's body.	W 331		
W 340	483.460(c)(5)(i) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's nursing services failed to ensure that one of three clients in the sample received training in self medication as recommended by the interdisciplinary team. (Client #3) The finding includes:	W 340		

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W 340	Continued From page 13 The facility's nursing services failed to ensure that Client #3's self medication objective was implemented. On May 13, 2009 at 5:10 PM, Client #3 was observed seated in the dining room conversing with staff. At 5:18 PM, staff brought him to the kitchen in his wheelchair, where he was administered Senna 8.6 mg, 2 tabs and Simvastatin 20 mg by the medication nurse. Before administering the medication, the nurse informed the client that it was time to take his medication, then showed him his medication. The client replied "ok." After the nurse placed the pills into the client's mouth, the client drank approximately 6 ounces of water through a straw, as the nurse held the cup for him. Interview with medication nurse on May 13, 2009 at 5:52 PM revealed that the client's disability (inability to use his hands), prevented him from actively participating in a self medication training program. Interview with the Qualified Mental Retardation Professional (QMRP) on May 15, 2009 at 12:57 PM indicated that an self medication training objective had been recommended, but not implemented due to the aforementioned reason. On May 13, 2009 at 5:52 PM, verification of the April 2009 medication administration record (MAR) and self medication training revealed no data collection. On May 15, 2009 at 1:00 PM, revealed an Individual Program Plan (IPP) objective for self medication training wherein Client #3 would (1)identify his medications, (2) state the purpose of the medication, and (3) take the medication with water.	W 340	Client # 3's Self Medication has plateaued and was maintained as informal objective which did not require data collection. This was an oversight by QMRP. QMRP was trained by Program Manager on properly matching and identifying formal and informal objectives in I.P.P Program Manger will monitor I.P.P book on quarterly basis. See Attachment (D)	06/02/09

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W 340	Continued From page 14 At the time of the survey, there was no evidence that Client #3 was afforded the opportunity to participate in his self-medication training objective as recommended.	W 340		
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT 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. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the provision of timely comprehensive treatment services for the maintenance of dental health, for one of three clients in the sample. (Client #1) The finding includes: The facility failed to ensure that recommended dental treatment services were completed timely for Client #1. On May 13, 2009 at 7:30 AM, Client #1 appeared to be edentulous as he sat at the table eating his breakfast. Interview with staff at that time revealed the client recently had all of his remaining teeth extracted. Interview with the Qualified Mental Retardation Professional and the Director of Nursing (DON) on May 15, 2009 at approximately 12:15 PM revealed that issues concerning the medical consent and clinic scheduling had prevented the client from having the tooth extractions.	W 356	Client # 1 teeth were extracted at Howard University Hospital under general anesthesia on 04/30/09. However there was a delay in obtaining the appointment due to preauthorization by M.A.A. then scheduling appointment at H.U.H and also obtaining the consent from legal guardian. QMRP and nursing Staff will ensure that they are dental recommendation is completed in a timely manner.	04-30-09

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W 356	Continued From page 15 Record review on May 14, 2009 at 1:37 PM revealed physician's order dated April 30, 2009 for extraction of teeth #5, #20, #21, #22, #26 and #27 under deep conscious sedation. The identified teeth were extracted and at the time of the survey, the client was completely edentulous. Further record revealed the client had several prior recommendations to have the teeth extracted in 2007 and 2008. On May 1, 2007, the dentist recommended that all remaining teeth be extracted under deep sedation. On June 4, 2008, the primary care physician assessed the client's teeth to be loose and none functioning. The PCP requested that preoperative lab tests be scheduled for the removal of the client's teeth while under general anesthesia. Although the extractions had been completed at the time of the survey, the was no evidence timely measures had been implement to ensure the client received the recommended tooth extractions.	W 356		
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to furnish adaptive equipment, for three of the three clients included in the sample. (Clients #1, #2, #3) The finding includes:	W 436		

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W 436	Continued From page 16 1. On May 12, 2009, at 7:25 AM, Client #2 was observed eating his breakfast, snack and dinner with built up handled spoon, which had a torn and rusty handle. Interview with the House Manager on May 14, 2009, at approximately 2:30 PM revealed that Client #2 had two built up handle spoons. The house manager indicated that she was unaware that the handle on both built up spoons were torn and rusty There was no evidence that the facility maintained Client #2's built up handle spoon in good repair. 2. On May 13, 2009 at 8:52 AM, the armrests on Client #2's wheel chair were observed to be very worn, with the fabric visible through the vinyl covering, in multiple areas. At 8:54 AM on the same day, the tire on the right wheel was observed to have small chips of rubber missing from the tire on the right rear wheel. Interview with the RD on May 15, 2009 at 3:30 PM revealed the wear was probably due to the client usually resting his arms on them. The RD indicated that the cause of the damage to the tire would need to be investigated. At the time of the survey, there was no evidence Client #2's wheelchair had been maintained in good repair. 3. On May 13, 2009 at 9:06 AM, Client #1's wheelchair was observed to have chips of rubber missing from the tire on the right rear wheel. Interview with the RD on March 15, 2009 at approximately 3:30 PM revealed that the cause of the damage to the tire would need to be	W 436	1- Client # 2 Adaptive equipment (built-up spoon and fork) was replaced on 5-16-09 House Manager will check these equipments on a daily basis to maintain the equipment in good and functioning condition. Also Q.M.R.P will check all adaptive equipments on monthly basis to ensure that they are in good functioning condition. 2- Client # 2 wheelchair arm rest and tires were repaired on 5-16-09. House Manager will check these equipments on a daily basis to maintain the equipment in good and functioning condition. Also Q.M.R.P will check all adaptive equipments on monthly basis to ensure that they are in good functioning condition 3- Client # 1 wheelchair tires were repaired on 5-16-09 House Manager will check these equipments on a daily basis to maintain the equipment in good and functioning condition. Also Q.M.R.P will check all adaptive equipments on monthly basis to ensure that they are in good functioning condition	5-16-09 5-16-09 5-16-09

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W 436	Continued From page 17 investigated. At the time of the survey, there was no evidence Client #1's wheelchair had been maintained in good repair.	W 436		
W 472	483.480(b)(2)(i) MEAL SERVICES Food must be served in appropriate quantity. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that food portions were served in accordance with prescribed diets for one of three clients in the sample. (Clients #2) The finding includes: Observation on May 13, 2009, at 6:05 PM revealed that Client #2 received pureed turkey, cabbage, and mashed sweet potatoes. The direct care staff was observed using a 3/4 cup to measure the cabbage and the sweet potatoes. Interview with the direct care aid at approximately 6:10 PM indicated that Client # 2 is on a double portion diet, therefore he receives one cup of cabbage and one cup of sweet potatoes Review of the physician order dated May 1, 2009 on May 12, 2009 at 4:05 PM revealed that Client #2 is on a double portion (4000 calories) low cholesterol, high fiber pureed diet. Review of the nurse's progress notes dated May 11, 2009 at approximated 4:30 PM revealed that Client #2 remains below his ideal body weight. On May 13, 2009, at approximately 6:45 PM the	W 472	Staff was retrained on the diet of Client #2 in the facility on 6-1-09 with emphasis on texture, portion size and food intake. The QMRP and House Manager will monitor meal preparation and serving on a daily basis effective 5-18-09. Also Nutritionist will monitor the above See Attachment (B2 & C)	6-1-09

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W 472	Continued From page 18 House Manager acknowledged that the Direct Care Aid failed to use the correct measuring cup.	W 472		
W 474	483.480 (b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to provide the prescribed texture diet for two of three clients in the sample. (Client #1 and #2) The findings include: 1. The facility failed to ensure that Client #1 consistently received his diet in the texture prescribed by the primary care physician. a. On May 12, 2009 at 7:25 AM, Client #1 was observed eating a bite size breakfast which consisted of a muffin, scrambled eggs, and cereal. During the entrance conference at 10:30 AM, The Qualified Mental Retardation Professional (QMRP) revealed that Client #1 is on a puree diet due to multiple teeth extractions. b. Interview with Client #1's day program instructor on May 12, 2009 at 1:45 PM revealed the client had recently returned to his day program after having multiple teeth extracted. Further interview with the instructor revealed that the client was prescribed and received a chopped diet. Interview with the day program nurse at approximately 2:15 PM revealed the client was prescribed a chopped diet.	W 474 1-a&b	Staff was retrained on 5-15-09 by the QMRP on diet texture prescribed by the Physician for Client # 1. Also Q.M.R.P and Nutritionist will continue to train and monitor staff for above on monthly basis and as needed. On 05-01-09 The Physician Order for diet change for Client # 1 was sent to the day program by the QMRP. A copy of the same order was submitted to the day program on 5/16/09. Because day program has lost the first physician order form. Every first working day of the month DCHC sends the POF to all the day programs for the individuals. An In-Service was done with staff to follow physician order for diet –caloric intake any specialty and Texture of food. Q.MR.P will monitor this on a monthly basis See Attachment # A & B 2	5-15-09

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W 474	Continued From page 19 Record review at the group home on May 13, 2009 at 4:37 PM, revealed a diet change on May 1, 2009 which stated "continue with Pureed Diet (same diet) for two months (until June 30, 2009) due to multiple teeth extractions." At the time of the survey there was no evidence Client #1 was receiving a pureed texture diet as prescribed. 2. The facility failed to ensure that Client #2 consistently received their diet in the texture prescribed by the primary care physician. On May 13, 2009 at 6:05 PM, Client #2 was observed eating dinner, which consisted of pureed turkey, cabbage and mashed sweet potatoes. Interview with the Direct Care Aid at approximately 6:15 PM confirm that Client #2's sweet potatoes was mashed instead of pureed. Review of the physician order dated May 1, 2009 on May 12, 2009 at 4:05 PM revealed that Client #2 is on a double portion (4000 calories) low cholesterol, high fiber pureed diet. At the time of the survey, there was no evidence Client #2 received the pureed texture diet as prescribed. 3. The facility failed to identify the consistency of thickened liquids to be provided for Client #2. On May 12, 2009, at 7:25 AM, Client #2 was observed eating pureed eggs, muffins, cereal and orange juice mixed with Thick-It. Interview with the House Manager at	W 474	2. Staff was retrained on the diet of Client #2 in the facility on 6-1-09 with emphasis on texture, portion size and food intake. The QMRP and House Manager will monitor meal preparation and serving on a daily basis effective 5-18-09. Also Nutritionist will monitor the above See Attachment B2 & C	6-1-09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G172	A. BUILDING _____ B. WING _____	05/14/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
D C HEALTH CARE	903 14TH STREET, SE WASHINGTON, DC 20019

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W 474	Continued From page 20 approximately 8:30 AM revealed that Client #2 received all liquids thickened to a honey consistency. Review of the annual nutritional assessment dated October 8, 2008 at 2:05 PM, revealed it stated, "follow modified eating procedures as per speech, language consult with thin liquid and Thick-It to liquid". At 2:30 PM, the most recent eating protocol, (dated June 18, 2007) developed by the speech professional, was reviewed. The eating protocol stated, "All liquids must be thickened". Review of the Physician's orders dated July 1, 2008 through May 1, 2009, at 4:05 PM revealed "with thin liquid, add Thick-It to liquid." Further record review, however revealed no written instructions by the speech professional, to verify the specific consistency of liquids that was required by Client #2 to ensure his safe swallowing of liquids. At the time of the survey, there was no evidence that the facility had ensured that the consistency of liquids (honey) being provided to Client #2 was the most appropriate for his developmental level.	W 474 3	Client # 2 was reassessed by the Speech Pathologist on 05-15-09 and client # 2 eating protocol was modified and approved by the client Primary care Physician on 06-01-09. QMRP /House Manager will continue to monitor Client # 2 closely for any changes. Also Day Program was contacted and updated with above. POF and Eating Protocol was sent to the Day Program. House Manager Q.M.R.P will monitor Client #2 on daily basis for any changes or issues. Staff was informed about the change in Client #2's eating protocol to add thick it which does not need to be used any more starting 6/1/09. Also an eating protocol in-service was done by Speech Pathologist on 5/15/09. See Attachment F1 & F2	6-1-09 5-15-09

Health Regulation Administration

PRINTED: 05/28/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2009
NAME OF PROVIDER OR SUPPLIER: D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE: 903 14TH STREET, SE WASHINGTON, DC 20019		

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I 000	INITIAL COMMENTS A licensure survey was conducted from May 12, 2009 through May 14, 2009. Three residents were randomly selected for the sample from a residential population of six males with varying degrees of mental retardation. The findings of the survey were based on observations, interviews with staff in the home and at two day programs, as well as a review of resident and administrative records, including incident reports.	I 000		
I 047	3502.5 MEAL SERVICE / DINING AREAS Each GHMRP shall be responsible for ensuring that meals which are served away from the GHMRP, are suited to the dietary needs of residents as indicated in the Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, interviews, and record review, the GHMRP failed to ensure that meals at the day program were suited to dietary needs of two of three residents in the sample. (Residents #1 and #2) The findings include: 1. The GHMRP failed to ensure that Resident #2 consistently received thickened liquids at his day program as evidenced below: On May 12 2009 at 7:25 AM, Resident #2 was observed in his group home eating pureed eggs, muffins and cereal with hand over hand assistance. The resident was able to drink his honey consistency orange juice without	I 047 1	The day program has been provided with meal time adaptive equipment (Plate Guard, High Tray, Built-Up Spoon and Fork, thick it and Dycem mat) since January 2009 for Client # 2 The QMRP retrained the Day Program Staff on feeding protocols for Client # 2, 2 on 6/2/09 QMRP will make weekly visit for the first month to the day program effective 6/4/09 then monthly visits to the day program to monitor program implementation. Visits to the day program effective 6/4/09 to monitor program implementation. See Attachment (A)	6-2-09

Health Regulation Administration

Mamta Tiwari

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

TITLE: Deputy Director/D.C.H.C

(X6) DATE: 6/8/09

STATE FORM

YMJ111

If continuation sheet 1 of 17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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I 047	Continued From page 1 assistance. Resident #2's adaptive equipment consisted of a plate guard, high tray, and a built up spoon and fork. Observations at Resident #2's day program at 12:40 PM, revealed Resident #2 sitting in a classroom wearing a bib. According to staff interview at 2:42 PM, Resident #2 had just finished eating pureed meat balls, rice, mix vegetables and grape juice mixed with water. Staff was questioned further if the resident had utilized adaptive equipment and had Thick-It in his liquids, as observed earlier in the group home. The staff stated "no", indicating that Resident #2 was transferred to his classroom because his teacher went on a trip. He also revealed that he was only told to serve Resident #2 a pureed lunch. Review of the day program meal time protocol dated March 1, 2009 at 12:46 PM revealed it stated the resident should be provided with a Dycem mat, scoop dish, built up spoon, was independent with feeding, after set up and was able to drink liquids with verbal prompts. Further review revealed a caution note which stated that "the resident is at risk for aspiration and choking due to reduced oral motor skills and reduced chewing skills." Thick-It was to be used. Interview with the Qualified Mental Retardation Professional (QMRP) on May 14, 2009, at approximately 2:40 PM indicated that the day program was aware of Resident #2's mealtime protocol. There was no evidence that evidence that the GHMRP had implemented effective measures to ensure that Resident #2's mealtime protocol was implemented consistently at his day program.	I 047		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECT ON	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD03-0197	A. BUILDING _____ B. WING _____	05/14/2009

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I 047	Continued From page 2 2. The GHMRP failed to ensure that Resident #1 received pureed food at his day program as prescribed During the entrance conference at 10:30 AM, The Qualified Mental Retardation Professional (QMRP) reveal that Resident #1 was on a puree diet due to recent multiple teeth extractions. Interview with Resident #1's day program instructor on May 12, 2009 at 1:45 PM revealed the resident had recently returned to his day program after having multiple teeth extracted. Further interview with the instructor revealed that the resident was prescribed and received a chopped diet. Interview with the day program nurse at approximately 2:15 PM confirmed the resident was prescribed a chopped diet. Record review at the group home on May 13, 2009 at 4:37 PM, revealed a diet change on May 1, 2009 which stated "continue with Pureed Diet (same diet) for two months (until June 30, 2009) due to multiple teeth extractions." At the time of the survey there was no evidence the GHMRP implemented effective measures to ensure that Resident #1's prescribed pureed diet was consistently provided in all settings.	I 047 2-	Staff was retrained on 5-15-09 by the QMRP on diet texture prescribed by the Physician for Client # 1. Also Q.M.R.P and Nutritionist will continue to train and monitor staff for above on monthly basis and as needed. On 05-01-09 The Physician Order for diet change for Client # 1 was sent to the day program by the QMRP. A copy of the same order was submitted to the day program on 5/16/09. Because day program has lost the first physician order form. Every first working day of the month DCHC sends the POF to all the day programs for the individuals. An In-Service was done with staff to follow physician order for diet –caloric intake any specialty and Texture of food. Q.MR.P will monitor this on a monthly basis See Attachment # A & B 2	5-15-09
I 056	3502.14 MEAL SERVICE / DINING AREAS Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. This Statute is not met as evidenced by: Based on observation, staff interview and record	I 056		

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I 056	Continued From page 3 review, the GHMRP failed to implement measures to ensure that adaptive eating equipment was maintained in good repair for one of three residents in the sample. (Resident #2) The finding includes: 1. On May 12, 2009, at 7:25 AM, Resident #2 was observed eating his breakfast, snack and dinner with built up handled spoon, which had a torn and rusty handle. Interview with the House Manager on May 14, 2009, at approximately 2:30 PM revealed that Resident #2 had two built up handle spoons. The house manager indicated that she was unaware that the handle on both built up spoons were torn and rusty. There was no evidence that the GHMRP maintained Resident #2's built up handle spoon in good repair.	I 056	Client # 2 Adaptive equipment (built-up spoon and fork) was replaced on 5-16-09 House Manager will check these equipments on a daily basis to maintain the equipment in good and functioning condition. Also Q.M.R.P will check all adaptive equipments on monthly basis to ensure that they are in good functioning condition.	5-16-09
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 observation, interview and record review, the GHMRP failed to ensure continuous training on food preparation and meal service for the accurate implementation of prescribed modified diets for two of three residents in the sample. (Residents #1 and #2) The findings include: 1. The GHMRP failed to ensure ongoing training for the accurate implementation of Resident #2's	I 222		

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I 222	Continued From page 4 dietary meal plan as evidenced below: Observation on May 13, 2009, at 6:05 PM revealed that Resident #2 received pureed turkey, cabbage, and mashed sweet potatoes. The direct care staff was observed using a 3/4 cup to measure the cabbage and the sweet potatoes. Interview with the direct care aid at approximately 6:10 PM indicated that Resident # 2 is on a double portion diet, therefore he receives one cup of cabbage and one cup of sweet potatoes. Further interview with the Direct Care Aid at approximately 6:15 PM confirmed that Resident #2's sweet potatoes was mashed instead of pureed. Review of the physician order dated May 1, 2009 on May 12, 2009 at 4:05 PM revealed that Resident #2 is on a double portion (4000 calories) low cholesterol, high fiber pureed diet. Review of the nurse's progress notes dated May 11, 2009 at approximated 4:30 PM revealed that Resident #2 remains below his ideal body weight. On May 13, 2009, at approximately 6:45 PM the House Manager acknowledged that the Direct Care Aid failed to use the correct measuring cup. There was no evidence that staff had received ongoing training to ensure that Resident #2's diet was implemented as prescribed. 2. The GHMRP failed to ensure that staff received timely training on changes in Resident #1's prescribed diet after multiple tooth extractions as evidenced below: a. On May 12, 2009 at 7:25 AM, Resident #1 was observed eating a bite size breakfast which	I 222 1-	Staff was retrained on the diet of every Client in the facility on 6-1-09 with emphasis on texture, portion size and food intake. The QMRP and House Manager will monitor meal preparation and serving on a daily basis effective 5-18-09. See Attachment (B & C)	6-1-09

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I 222	Continued From page 5 consisted of a muffin, scrambled eggs, and cereal. During the entrance conference at 10:30 AM, The Qualified Mental Retardation Professional (QMRP) reveal that Resident #1 was on a puree diet due to multiple teeth extractions. b. Interview with Resident #1's day program instructor on May 12, 2009 at 1:45 PM revealed the resident had recently returned to his day program after having multiple teeth extracted. Further interview with the instructor revealed that the resident was prescribed and received a chopped diet. Interview with the day program nurse at approximately 2:15 PM revealed the resident was prescribed a chopped diet. Record review at the group home on May 13, 2009 at 4:37 PM, revealed a diet change on May 1, 2009 which stated "continue with Pureed Diet (same diet) for two months (until June 30, 2009) due to multiple teeth extractions." At the time of the survey there was no evidence, there was no evidence that staff had received ongoing training to ensure that Resident #2's diet was implemented as prescribed.	I 222 2-a & b	Client # 2 Adaptive equipment (built-up spoon and fork) was replaced on 5-16-09 On 05-01-09 The Physician Order for diet change for Client # 1 was sent to the day program by the QMRP. A copy of the same order was submitted to the day program on 5/16/09.	5-16-09
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation, interview and record	I 401		

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I 401	Continued From page 6 review, the GHMRP failed to ensure professional services were provided in accordance with the assessed needs of two of the three residents in the sample. (Residents #1, #2, and #3) The findings include: A. The GHMRP failed to ensure a comprehensive assessment of the caloric requirement for Residents #1 and #2 as evidenced below: 1. On May 12, 2009 at 8:30 AM, Resident #1 was observed to have consumed 100 percent of his breakfast. On May 12, 2009 at 6:45 PM and again at dinner on May 13, 2009, Resident #1 was observed to eat 100 percent of his meal. Interview with group home staff on May 12, 2009 at 8:30 AM revealed that Resident #3 received an 1800 calorie diet and usually ate all of his food. Interview with the day program instructor on May 12, 2009 at 1:30 PM revealed the resident seemed to enjoy his food and usually ate all of his meal. Interview with the Qualified Mental Retardation Professional revealed that the nurse weighed the resident and documented the weights on the chart in the resident's record. According to the QMRP, the nutritionist had addressed a court recommendation for an assessment to determine a possible reason for Resident #1 weight gain. Record review on May 14, 2009 at 3:15 PM revealed a court recommendation (dated October 29, 2008) that Resident #1's weight gain be explained and that a plan be devised to promote weight loss. Further record review revealed that at the time of the hearing the resident was already prescribed an 1800 calories a day, plus 8 ounces cranberry juice twice a day. A nutrition	I 401 A/ 1-	Effective June 1, 2009 staff will use "Daily Food Intake chart for Client # 1 intake for all meals for two weeks. The nutritionist will use the data to calculate daily Calorie intake. Based on Client # 1 average daily calorie intake, calories will be subtracted or reduced to promote weight loss. The nutritionist will continue to calculate average daily calorie intake for two more weeks. Staff will continue to document Daily Food Intake Chart for client # 1 meal intake for 2 more weeks i.e June 19-July 4, 2009 QMRP and House Manager will check Client # 1's food (Portion size) and intake documentation trains retrain and test staff about above. Also Q.M.R.P will do the same at the day program on his visit. Also will work closely with medical staff and physical therapist for above issue. See Attachment C	6-1-09

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I 401	Continued From page 7 progress note dated October 2, 2008 indicated the resident weighed 184 pounds. The review of Resident #1's Annual Nutritional Assessment dated February 8, 2009 revealed the resident's height was 5 feet, 9 inches and that he weighed 189 pounds (Ideal Body Weight 141 to 179 pounds). The dietary/feeding section documented that the resident was prescribed an 1800 kcal, low, high fiber, chopped diet with 1 cup of cranberry juice twice/day. According to the nutrition summary, the resident weighed 189 pounds, which reflected a gain of nine pounds since January 2008. The nutrition summary documented that the resident usually consumed 85 to 100 percent of his diet. The review of the resident's record, however revealed no food intake record were completed or available. Nutritional recommendations included : (a) Resident should avoid further weight gain; (b) Monitor weight monthly. At the time of the survey, there was no evidence that Resident #1's daily caloric needs to maintain or decrease his body weight had been established 2. On May 12, 2009 at 7:25 AM, Resident #2 was observed seated at the table dining room. He appeared thin and below his ideal body weight. On May 12, 2009 at 6:35 PM, Resident #2 was observed to receive pureed chicken, rice and spinach and ice cream for dessert. At 6:38 PM the resident was observed spilling food on his clothing, as he attempted to feed himself. Staff intervened and proceeded to feed the resident, using hand over hand assistance. The resident continued to eat slowly and at 7:19 PM finished	I 401 A/2	Effective June 1, 2009 staff will use "Daily Food Intake chart for Client # 2's intake for all meals for two weeks. The nutritionist will use the data to calculate daily Calorie intake. Based on Client # 2 average daily calorie intake, calories will be added to promote weight gain. The nutritionist will continue to calculate average daily calorie intake for two more week, after which the diet will be adjusted to meet client # 2's needs. Q.M.R.P and Nutritionist will continue to monitor Client # 2's weight on a monthly basis and notify medication team as well if concern is not satisfied. See Attachment B2	6-1-09

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I 401	Continued From page 8 drinking his thickened milk. Interview with staff on May 12, 2009 at 7:23 PM, revealed Resident #2 was prescribed a 4000 calorie diet to help him gain weight. Further interview with staff revealed the resident usually ate about 90% of his diet, however it took him a long time to eat his meal Record review on May 12, 2009 at 2:05 PM, revealed Resident #2's Annual Nutritional Assessment was completed on October 8, 2008. The assessment revealed that the resident was 5 feet tall and weighed 98 pounds (healthy body weight range: 110 - 120 pounds). The resident's food intake was stated as 85 to 90 % of his meals. The resident was prescribed double portion (4000 calorie), low cholesterol, high fiber, iron rich, pureed food diet. The review of the May 1, 2009 physician's orders revealed Resident #2 was prescribed a low cholesterol, high fiber, with 4000 calories with pureed iron rich food. May give Ensure once or twice a day, if resident does not eat his meal. Monitor body weight two times a month. Further record review revealed inconsistencies in the resident's body weight. On May 5, 2009, the resident's weight documented on the medication administration record was 100 pounds. On March 4, 2009 and March 18, 2009 the resident's weight was 72 pounds and 74 pounds respectively. The record failed to reflect that the nutritionist was aware of the March weights. The dietary/feeding section of the Annual Nutritional Assessment documented that the resident received a double portion (4000 kcal, low cholesterol, high fiber, iron rich, pureed food. The nutrition summary documented that the resident	I 401		

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I 401	Continued From page 9 usually consumed 85 to 95 percent of his diet. The review of the resident's record, however revealed no food intake records were completed or available to monitor the resident's intake. Nutritional recommendations included: (a) 4000 kcal, low cholesterol, high fiber, iron rich, pureed food (follow modified eating procedures as per speech, language consult) with thin liquid and thick-it to liquid; (b) monitor food intake frequently; (c) attain and maintain weight within 10% of healthy body weight range; (d) monitor weight monthly. At the time of the survey, there was no evidence that Resident #2's daily caloric needs had been established or that the number of calories the resident required for weight gain had been established. B. The GHMRP's nursing services failed to closely monitor the body weight of Residents #1 and #2 as evidenced below: 1. On May 12, 2009, at 7:25 AM, Resident #2 was observed eating pureed eggs, muffins, cereal and orange juice mixed with thick it. Interview with the Direct Care Aid at approximately 7:50 AM revealed that Resident #2 receives a double portion diet. Review of the physician orders dated July 1, 2008 through May 1, 2009 at 4:05 PM revealed that Resident #2 weight was prescribed monthly. Review of the nutritionist quarterly report dated January 13, 2009 and April 9, 2009 confirmed that Resident #2 is below his ideal body weight. Review of the vital signs flow sheet revealed the following weights:	I 401 B 1 & 2	Effective June 1, 2009 staff will use "Daily Food Intake chart for Client # 1 intake for all meals for two weeks. The nutritionist will use the data to calculate daily Calorie intake. Based on Client # 1 average daily calorie intake, calories will be subtracted or reduced to promote weight loss. The nutritionist will continue to calculate average daily calorie intake for two more weeks. Staff will continue to document Daily Food Intake Chart for client # 1 meal intake for 2 more weeks i.e June 19-July 4, 2009 See Attachment (B 1 2) Effective June 1, 2009 staff will use "Daily Food Intake chart for Client # 2 's intake for all meals for two weeks. The nutritionist will use the data to calculate daily Calorie intake. Based on Client # 2 average daily calorie intake, calories will be added to promote weight gain. The nutritionist will continue to calculate average daily calorie intake for two more week, after which the diet will be adjusted to meet client # 2's needs. See Attachment (B)	6-1-09

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I 401	Continued From page 10 February 17, 2009 98 lbs March 3, 2009 98 lbs April 16, 2009 97 lbs Review of the Medication Administration Sheet revealed the following weights: February 3 2009 97 1/4 lbs February 13, 2009 97 lbs March 4, 2009 74 lbs March 18, 2009 72 lbs April 3, 2009 101 lbs April 17, 2009 102 lbs The registered nurse acknowledge the inconsistencies in regards to the vital signs flow sheet and the medication administration sheet. 2. Record review on May 14, 2009 at 3:15 PM revealed a court recommendation (dated October 29, 2008) that Resident #1's weight gain be explained and that a plan be devised to promote weight loss. A nutrition progress note dated October 2, 2008 indicated the resident weighed 184 pounds. Interview with the QMRP on May 15, 2009 at approximately 1:30 PM revealed the weights were evaluated by the nurse and documented on the weight chart. According to the QMRP, the nutritionist had addressed the court recommendation and the resident had lost some weight. Record review on May 14, 2009 revealed that the 2008 weight chart maintained by the nurse could not be located in the resident's record. The weight for April 2009 was 188 pounds. At the time of the survey, there was no evidence the GHMRP had maintained an effective system for documenting Resident #1's	I 401	Client #2 is in wheelchair and weight is taken by a scale where one roles the wheel chair along with client on the w/c. It appears that the medication nurse did not check the scale adjustment while taking weight and recorded the weight on M.A.R without paying proper attention. An in service was given to nurses about weighing clients and ensuring that scales are properly adjusted and matched. If there is a drastic change in weight for whatever reason to inform the immediate supervisor immediately so it can be rechecked. R.N will monitor this issue for all the individual in the facility on monthly basis to avoid future discrepancies/issue. Attachment # E1 –E9	5/14/09

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I 401	Continued From page 11 body. C. The GHMRP failed to ensure timely provision of comprehensive treatment services for the maintenance of dental health for Resident #1 On May 13, 2009 at 7:30 AM, Resident #1 appeared to be edentulous as he sat at the table eating his breakfast. Interview with staff at that time revealed the resident recently had all of his remaining teeth extracted. Interview with the Qualified Mental Retardation Professional and the Director of Nursing (DON) on May 15, 2009 at approximately 12:15 PM revealed that issues concerning the medical consent and clinic scheduling had prevented the resident from having the tooth extractions. Record review on May 14, 2009 at 1:37 PM revealed physician's order dated April 30, 2009 for extraction of teeth #5, #20, #21, #22, #26 and #27 under deep conscious sedation. The identified teeth were extracted and at the time of the survey, the resident was completely edentulous. Further record revealed the resident had several prior recommendations to have the teeth extracted in 2007 and 2008. On May 1, 2007, the dentist recommended that all remaining teeth be extracted under deep sedation. On June 4, 2008, the primary care physician assessed the resident's teeth to be loose and none functioning. The PCP requested that preoperative lab tests be scheduled for the removal of the resident's teeth while under general anesthesia. Although the extractions had been completed at the time of the survey, there was no evidence timely measures had been implement to ensure the resident received the recommended tooth extractions.	I 401 C	Client # 1 teeth were extracted at Howard University Hospital under general anesthesia on 04/30/09. However there was a delay in obtaining the appointment due to preauthorization by M.A.A. then scheduling appointment at H.U.H and also obtaining the consent from legal guardian. QMRP and nursing Staff will ensure that they are dental recommendation is completed in a timely manner.	04-30-09

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I 401	Continued From page 12 D. The GHMRP failed to ensure the required consistency of thickened liquids for Resident #2 was identified in his feeding protocol as evidenced below: On May 12, 2009, at 7:25 AM, Resident #2 was observed eating pureed eggs, muffins, cereal and orange juice mixed with Thick-It. Interview with the House Manager at approximately 8:30 AM revealed that Resident #2 received all liquids thickened to a honey consistency. Review of the annual nutritional assessment dated October 8, 2008 at 2:05 PM, revealed it stated, "follow modified eating procedures as per speech, language consult with thin liquid and Thick-It to liquid". At 2:30 PM, the most recent eating protocol, (dated June 18, 2007) developed by the speech professional, was reviewed. The eating protocol stated, "All liquids must be thickened". Review of the Physician's orders dated July 1, 2008 through May 1, 2009, at 4:05 PM revealed "with thin liquid, add Thick-It to liquid." Further record review, however revealed no written instructions by the speech professional, to verify the specific consistency of liquids that was required by Resident #2 to ensure his safe swallowing of liquids. At the time of the survey, there was no evidence that the GHMRP had ensured that the consistency of liquids (honey) being provided to Resident #2 met his developmental need.	I 401	Client # 2 was reassessed by the Speech Pathologist on 05-15-09 and client # 2 eating protocol was modified and approved by the client Primary care Physician on 06-01-09. QMRP /House Manager will continue to monitor Client # 2 closely for any changes. Also Day Program was contacted and updated with above. POF and Eating Protocol was sent to the Day Program.	5/15/09 & 6/1/09
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with	I 422		

Health Regulation Administration

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I 422	Continued From page 13 the resident 's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, record review and interview, the GHMRP failed to ensure continuous active was implemented in accordance with the interdisciplinary team (IDT) recommendations for two of the three residents in the sample. (Resident #1 and #3) The findings include: 1. The facility's nursing services failed to ensure that Client #3 received training in self medication as recommended by the IDT as evidenced below: On May 13, 2009 at 5:10 PM, Client #3 was observed seated in the dining room conversing with staff. At 5:18 PM, staff brought him to the kitchen in his wheelchair, where he was administered Senna 8.6 mg, 2 tabs and Simvastatin 20 mg by the medication nurse. Before administering the medication, the nurse informed the client that it was time to take his medication, then showed him his medication. The client replied "ok." After the nurse placed the pills into the client's mouth, the client drank approximately 6 ounces of water through a straw, as the nurse held the cup for him. Interview with medication nurse on May 13, 2009 at 5:52 PM revealed that the client's disability (inability to use his hands), prevented him from actively participating in a self medication training program. Interview with the Qualified Mental Retardation Professional (QMRP) on May 15, 2009 at 12:57 PM indicated that an self medication training objective had been recommended, but not implemented due to the aforementioned reason.	I 422 1-	Client # 3's Self Medication has plateaued and was maintained as informal objective which did not require data collection. This was an oversight by QMRP. QMRP was trained by Program Manager on properly matching and identifying formal and informal objectives in I.P.P Program Manger will monitor I.P.P book on quarterly basis. See Attachment (D)	06/02/09

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I 422	Continued From page 14 On May 13, 2009 at 5:52 PM, verification of the April 2009 medication administration record (MAR) and self medication training revealed no data collection. On May 15, 2009 at 1:00 PM, revealed an Individual Program Plan (IPP) objective for self medication training wherein Client #3 would (1)identify his medications, (2) state the purpose of the medication, and (3) take the medication with water. At the time of the survey, there was no evidence that Client #3 was afforded the opportunity to participate in his self-medication training objective as recommended. 2. The GHMRP failed establish measures to ensure accurate implementation and monitoring of Resident #1's and #3's range of motion exercise IPP objectives. See Federal Deficiency Report - Citations W237 and W252	I 422	Q.M.R.P will continue to monitor all individual programs on monthly basis to ensure proper implementation and documentation of this program. Client # 1's ROM training objective was reviewed and modified on 5-29-09. Staff were retrained on 5-29-09 on how to implement and document the program. The QMRP will monitor the program weekly for one month effective 6/1/09 and then continue with monthly monitoring. The QMRP will ensure that the ROM training objectives are implemented consistently. Data Collection Sheet was modified with clarification to the key. Q.M.R.P will continue to monitor all individual programs on monthly basis to ensure proper implementation and documentation of this program. Client # 3 ROM training objectives was reviewed and modified on 5-29-09 staff was retrained on 5-29-09 on how to implement and document the program. The QMRP will monitor the program weekly for one month effective 6/1/09 and then continue with monthly monitoring. The QMRP will ensure that the ROM training objectives are implemented consistently. Data Collection Sheet was modified with clarification to the key. Q.M.R.P will continue to monitor all individual programs on monthly basis to ensure proper implementation and documentation of this program. See Attachment B1, 3& 4	5-29-09 5-29-09
I 436	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to the following areas: (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety); This Statute is not met as evidenced by: Based on on observation, interview and record review, the GHMRP failed to ensure habilitation and training in self administration of medication was provided as recommended by the			

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I 436	Continued From page 15 interdisciplinary team for one of three residents in the sample. (Resident #3) The finding includes: The facility's nursing services failed to ensure that Resident #3's self medication training objective was implemented as evidenced below: On May 13, 2009 at 5:10 PM, Resident #3 was observed seated in the dining room conversing with staff. At 5:18 PM, staff brought him to the kitchen in his wheelchair, where he was administered Senna 8.6 mg, 2 tabs and Simvastatin 20 mg by the medication nurse. Before administering the medication, the nurse informed the resident that it was time to take his medication, then showed him his medication. The resident replied "ok." After the nurse placed the pills into the resident's mouth, the resident drank approximately 6 ounces of water through a straw, as the nurse held the cup for him. Interview with medication nurse on May 13, 2009 at 5:52 PM revealed that the resident's disability (inability to use his hands), prevented him from actively participating in a self medication training program. Interview with the Qualified Mental Retardation Professional (QMRP) on May 15, 2009 at 12:57 PM indicated that an self medication training objective had been recommended, but not implemented due to the aforementioned reason. On May 13, 2009 at 5:52 PM, verification of the April 2009 medication administration record (MAR) and self medication training revealed no data collection. On May 15, 2009 at 1:00 PM, revealed an Individual Program Plan (IPP) objective for self medication training wherein	I 436		

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I 436	Continued From page 16 Resident #3 would (1)identify his medications, (2) state the purpose of the medication, and (3) take the medication with water. At the time of the survey, there was no evidence that Resident #3 was afforded the opportunity to participate in his self-medication training objective as recommended.	I 436 F.	Client # 3's Self Medication has plateaued and was maintained as informal objective which did not require data collection. This was an oversight by QMRP. QMRP was trained by Program Manager on properly matching and identifying formal and informal objectives in I.P.P Program Manger will monitor I.P.P book on quarterly basis. See Attachment (D)	06/02/09