Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CRF-000935	A. BUILDING _____ B. WING _____	09/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN COMMUNITIES GROUP HOMES	2501 18TH STREET NE WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments On August 30, 2010, the State Surveying Agency (SSA) was notified via facsimile of a monitoring visit conducted by the Ombudsman Office on August 27, 2010. According to the notification, the Ombudsman's Office documented problems with Individual Service Plans, Resident Care, and Medications. A synopsis of their findings is outlined below: I. Resident Care Residents Individual Habilitation Plans (IHP) were not available for review. It should be noted that the CRF was not required to provide IHPs. II. Medication a. Resident #5 needs prescription refills for Albuterol 35 mg, Triamcinolon Cream, and Sustane eye drops. His Pro Air HFA was not on the MAR. b. Resident #4 needs a prescription refill for Niacin 500 mg. c. Resident #6 needs prescription refill for Arthritis pain reliever 650 mg. d. Resident #3 needs a prescription refill for Alendronate 70 mg and his Apap/codeine was not on the MAR. e. Resident #7 needs prescription refill for aspirin 81 mg, Tylenol extra strength 500 mg, and Carmol Cream 40%. An on-site investigation was initiated on September 1, 2010. In addition to the	D 000		

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D 000	Continued From page 1 investigation, a licensure survey was conducted to verify compliance with the local regulatory requirements. The findings of the investigation and the survey were based on observations at the Community Residential Facility (CRF), interviews with the administrative staff, and residents, as well as a review of clinical and administrative records. A random sample of four residents was selected from a resident population of eight residents with various medical disabilities. The findings by the Ombudsman's office regarding the resident's care and medication could not be substantiated. It was determined that the CRF was in compliance with the local regulatory requirements.	D 000		
D1730	3416.4 Medication Storage and Disposal Medications of each resident shall be stored in their original containers and shall not be transferred to other containers. This CONDITION is not met as evidenced by: Based on observation, interview, and record review, the Community Residential Facility (CRF) failed to ensure that medications was stored in the original containers for one of the four (4) residents (Resident #4) included in the sample. The finding includes: Observation of Resident #4's medication container on September 1, 2010, at approximately 1:06 p.m., revealed that the resident's medications was not stored in their original containers. Continued observation revealed a pillbox where each of his medications	D1730		

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D1730	Continued From page 2 were kept. Interview with the Director and review of the resident's medical record on September 1, 2010, at approximately 12:35 p.m., revealed a form entitled "Current Medication List" The medication list included the following medications were prescribed for Resident #4: Albuterol 90/Ipratrop Amlodipine Besylate 10 mg Aspirin 325 mg Calcium 500 mg/Vitamin 10 mg Folic Acid 1 mg Furosemide 20 mg Lisinopril 40 mg Niacin 500 mg Simvastatin 40 mg Terazosin Hcl 10 mg Oxybutynin Chloride 5 mg At the time of the survey, the community residential facility failed to ensure Resident #4's medications were stored in their original containers instead of being transferred to a pillbox.	D1730	Resident #4 is the only resident who recieves medication from the VA. As such his medication cannot be sent to CCGH in bubble packs (this is done for all other residents) Staff has worked with the resident to return pills to their original containers. From 9/8/10 forward, the resident has will continue to self medicate using the original containes. staff will add language to its Medication Administration procedures that states that all resident ~~may~~ medication must be administered from its original packaging, with a pharmacy label. The lead Caregiver will monitor the medication daily to ensure that all are in their original packaging.	9/8/10
D2020	3418.3 Therapeutic Diets The dietitian and the Residence Director, or a qualified person designated by the Residence Director, shall review the therapeutic diets of a community residence facility's residents at least every six (6) months. This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to ensure one of the four residents (Resident #1) therapeutic diet was reviewed by a dietician every	D2020		

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D2020	Continued From page 3 six months. The finding includes: Interview with the Director on September 1, 2010, at approximately 10:46 a.m., revealed Resident #1 was a new admission. Further interview with the Director revealed the resident moved in the facility on October 6, 2009. Review of the resident's medical record on September 1, 2010, at approximately 10:22 a.m. revealed the resident had a health evaluation dated September 2, 2009. According to the evaluation, Resident #1 was prescribed a low fat, low salt diet. Interview with the Director revealed the facility did not have a dietician to review the resident's diet. At the time of the survey, the facility failed to ensure therapeutic diets were reviewed for Resident #1.	D2020	Staff contacted the dietitian who last worked with resident menus. If she is not able to provide an analysis soon, staff will contract with a different entity to conduct. The review process should begin by 10/15/10. Staff is currently developing ICPs for each resident at the facility. Coincidentally, Resident #1 is first on the list. Staff will establish health goals with the resident, including how well she is adhering to the therapeutic diet. The Resident Care Coordinator will set up reviews of menus twice annually - probably in Oct and March. Staff will also monitor the therapeutic diets of residents through their ICPs.	9/8/10