

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CRF-000835</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2009</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN COMMUNITIES GROUP HOMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2501 18TH STREET NE WASHINGTON, DC 20018</b>
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**D 000** Initial Comments

A licensure survey was conducted on August 24, 2009. The findings of 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, including incident reports. A random sample of four residents was selected from a resident population of seven residents with various medical disabilities.

A thorough environmental inspection was conducted of the facility and there were no significant deficiencies that would be life threatening to the residents and /or staff.

**D 000**

*Received 9/2/09*

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH REGULATION ADMINISTRATION  
825 NORTH CAPITOL ST., N.E., 2ND FLOOR  
WASHINGTON, D.C. 20002

**D 430** 3402.2(b) Personnel

(b) Plans for the orientation of all employees and for regularly scheduled staff meetings;

This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential facility failed to provide evidence of orientation training for (2) of the ten (10) records reviewed. (Staff #3 and #9)

The finding includes:

Interview with the administrative staff, (Director) on August 24, at 1.15 p.m. and review of personnel records revealed that the facility failed to provide evidence that Staff #3 and #9 had received orientation training.

**D 430**

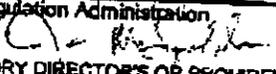
*Records were located. All personnel files have been reviewed and brought into compliance. Personnel files will be reviewed quarterly to ensure that necessary information is included and in compliance.*

*9/4/09*

**D 440** 3402.2(c) Personnel

(c) An annual evaluation of employee performance by appropriate supervisors; and

**D 440**

Health Regulation Administration  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Director	TITLE	9/10/09 (X6) DATE
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D 440 Continued From page 1

This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential facility failed to provide evidence of an annual evaluation for (1) of the ten (10) records reviewed. (Residential Director)

The finding includes:

Interview with the Director on August 24, at 1.15 p.m. and review of his personnel record failed to evidence an annual evaluation. Reportedly there was an evaluation, however at the time of the survey, it was not available for review.

D 440

Annual evaluation placed in file.  
All personnel files have been reviewed and brought into compliance.  
Personnel files will be reviewed quarterly.

9/4/09

D 450 3402.3 Personnel

All persons employed in a community residence facility shall have a pre-employment medical examination by a licensed physician and shall be certified annually by the examining physician to be in good health and free of communicable diseases as defined in chapter 2 of this title.

This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential facility failed to provide evidence of medical examinations for (2) of the ten (10) records reviewed. (Staff #5 and #6)

The finding includes:

Interview with the administrative staff, (Director) on August 24, at 1:15 p.m. and review of personnel records revealed that the facility failed to provide evidence of a health certificates for Staff #5 and #6.

D 450

Staff #5, provided 2 completed health certificates on 8/10/09. Staff #6 has an appointment w/ her physician on 9/10/09. She expects to provide the completed certificates on 9/10/09. This employee contract provides that she submit the certificates no later than 2 days.

All personnel files have been reviewed and brought into compliance. Personnel files will be reviewed quarterly.

9/14/09

D1420 3411.3(j) Resident's Records

D1420

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D1420 Continued From page 2

(j) Reports and recommendations from physicians, social workers, or other health care professionals (including, in the case of group homes for mentally retarded persons, the comprehensive evaluation for each resident and reports and recommendations from appropriate professionals) regarding the resident's care;

This CONDITION is not met as evidenced by: Based on observation, interview, and record review, the community residential facility failed to ensure recommendations was implemented from the primary care physician (PCP) regarding the resident's care for two (Residents #2 and #3) of the four residents included in the sample.

The findings include:

Observation during the administration of medication and interview with the caregiver on April 24, 2009, at 12:22 p.m. revealed that the residents take their medications independently. Although Residents #2 and #3 did not receive any noon medications, a review of their medical records revealed the following:

1. Resident #2 was seen by his PCP who conducted a medical certification examination on June 12, 2009. Review of the resident's certification at 11:30 a.m. revealed the resident's certification included treatment orders. Further review of the orders revealed the resident's PCP noted that the resident's hypertension (HTN) was uncontrolled and recommended the resident's Amlodipine be increased from 5 mg to 10 mg. Interview with the administrative staff and review of the medication administration record (MAR) revealed that the medication had not been increased. Continued interview with the administrative staff was conducted to ascertain

D1420

Prescription for 10mg was resent to the pharmacy, new dosage was received, MAR sheet was changed. A narrative history of delivery and documentation for correction are attached. Staff reviewed the past year's prescription history for other residents of CRF. All discrepancies exist. Moving forward, the Group Homes Manager will review each resident's records to ensure that all physician's orders have been completed, documented and followed up as necessary. The Resident Director will review the Manager findings and select a sample to review personally.

8/25/09

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D1420	<p>Continued From page 3</p> <p>more information regarding why Resident #2's medication (Amlodipine) was not increased as recommended. According to the administrative staff, the facility did not receive a prescription, because the normal procedure was for the facility's Assistant Administrator to fax the prescriptions to the pharmacy</p> <p>At the time of the survey, the facility failed to follow the PCP's treatment order to increase Resident #2's medication (Amlodipine).</p> <p>2. Review of Resident #3's medical record on August 24, 2009, revealed a prescription for Zocor 10 mg dated January 29, 2009. Further review of the resident's record revealed a medication administration record (MAR) for the month of August 2009. Continued review of the MAR failed to evidence the aforementioned medication (Zocor). Interview with the administrative staff revealed that he recalled that Resident #3 never received the Zocor, because the PCP discontinued it and started him on Pravastatin 40 mg on February 3, 2009.</p> <p>At the time of the survey, the facility failed to provide evidence that Resident #3's Zocor had been discontinued.</p>	D1420	<p>The Director has created a note regarding the conversation he had with the resident's physician to discontinue Zocor and start Pravastatin. He also asked the physician (9/1/09) to provide evidence of the conversation. Staff will continue to press doctors to provide hard copies of all prescriptions. If they cannot, staff will document the dates and any conversation on the "physician visit form". Quality assurance team will investigate the action taken for D1420 #1.</p>	
D2000	<p>3418.1 Therapeutic Diets</p> <p>All community residence facilities that accept or retain residents in need of special or therapeutic diets shall provide for those diets to be planned, prepared, and served as prescribed by the attending physician. Those community residence facilities shall consult regularly with a dietitian.</p> <p>This CONDITION is not met as evidenced by: Based on observation, interview and record</p>	D2000		

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D2000 Continued From page 4

review, the community residential facility failed to consult with a dietician on a regular basis for two (Residents #1 and #2) of the four residents included in the sample.

The findings include.

1. Interview with the administrative staff and review of Resident #1's medical record on August 24, 2009 at 10:20 a.m. revealed an "annual medical certification" dated June 26, 2009. Further review of the certification revealed the resident had been prescribed a low sodium diet. It should be noted that the medical assessment indicated that the resident was diagnosed with hypertension. Continued interview with the administrative staff revealed that the resident had not been assessed by a nutritionist or a dietician.

Observation on August 24, 2009, at 12:05 p.m. revealed Resident #1 was served beef hot dogs and French fries for lunch. Interview with the caregiver revealed they were "Ball Park" beef hot dogs. The surveyor further researched the aforementioned brand of hot dogs and reviewed the back of the package revealed the hot dogs contained 550 mg of sodium.

At the time of the survey, there was no documented evidence that the facility had consulted with a dietician for persons prescribed therapeutic diets.

2. Interview with the administrative staff and review of Resident #2's medical record on August 24, 2009 at 9:05 a.m. revealed an "annual medical certification" dated June 12, 2009. Further review of the certification revealed the resident had been prescribed a 2 gm NAS (no added salt), low cholesterol diet. It should be

D2000

Staff submit the four weeks worth of menus to the institution at a local center ~~center~~ <sup>she has committed to</sup> have a full nutritional analysis by Sept. 25. She will also meet with the two vendors (McDonald's and two others) on Sept. 16 to conduct a full nutritional assessment that accounts for their therapeutic dietary needs. After the assessments are complete, staff will conduct an in-service training on how to appropriately accommodate therapeutic diets.

All resident files are reviewed. Two special residents have special diets and all accordingly receive them. Staff has established April as the month its review occurs and dietary plans annually. The Resident Director will also review the menus quarterly to ensure that all changes conform to individual's <sup>prescribed</sup> therapeutic diets.

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	<p>Continued From page 5</p> <p>noted that the medical assessment indicated that the resident was diagnosed with uncontrolled hypertension. Additionally, he had a had a treatment order for his blood pressure medication (Amlodipine) to be increased from 5 mg to 10 mg. Continued interview with the administrative staff revealed that the resident had not been assessed by a nutritionist or a dietician.</p> <p>Observation on August 24, 2009, at 12:05 p.m. revealed Resident #2 was served beef hot dogs and French fries for lunch. Interview with the caregiver revealed they were "Ball Park" beef hot dogs. The surveyor further researched the aforementioned brand of hot dogs and reviewed the back of the package noted 550 mg of sodium.</p> <p>At the time of the survey, there was no documented evidence that the facility had consulted with a dietician for persons prescribed therapeutic diets.</p>		<p>See above</p>	