STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G190	A. BUILDING _____ B. WING _____	03/01/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CMS	1608 EVARTS ST, 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) COMPLETION DATE
W 000	INITIAL COMMENTS A recertification survey was conducted from February 28, 2007 through March 1, 2007. The survey was initiated using the fundamental survey process. A random sample of two clients were selected from a population of four males with various disabilities. The findings of this survey were based on observations at the group home, two day programs, interviews with one family member, group home and day program staff, and a review of clinical and administrative records to include the facility's unusual incident reports.	W 000		
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure each clients' right to be taught to manage their financial affairs to the extent of their capabilities for one of three clients (Client #1) included in the sample. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and record verification on March 1, 2007 at 9:39 AM revealed Client #1 had a money management assessment dated January 30, 2007. The Client's assessment included two skill areas (Managing Personal Money and Manages Personal Possessions)that	W 126	An Individual Program Plan will be developed to include money management for Client #1.	3/23/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Constance A. Reece — TITLE: Program Director — (X6) DATE: 3/26/07

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 126	Continued From page 1 were to be assessed, however the assessment reflected athat these areas were notapplicable for hee client. Interview and review of Client #1's habilitation record on March 1, 2007 revealed an Individual Support Plan (ISP) dated February 12, 2007. Further review of the client's ISP revealed that he receives a personal allowance (Social Security Income) of $70.00 a month, which is managed by the facility. The "Financial Security and Stability" section of the ISP documented that Client has a bank account and indicated that the client was able to spend his money on leisure activities and on items of interest. At the time of the survey, the client's financial capabilities could not be determined.	W 126		
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed implement its established policy to ensure the health and safety for one of two clients in the sample (Client #2). The findings include: The facility failed to implement their policy on Incident Management as evidenced below: Observation of the evening medication pass was conducted on February 28, 2007, beginning at	W 149		

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W 149	Continued From page 2 6:30 PM. Review of the facility's Medication Administration Record (MAR) on March 1, 2007 at 10:14 AM revealed a nursing note dated September 12, 2006. The note revealed that Client #2 had an abrasion on top of his left foot. The review of the facility's incident reports on February 28, 2007 at 8:58 AM failed to include a report of this incident/injury. Interview with the facility's nurse on February 28, 2007 revealed that she did not remember anything about this incident and that it probably was a minor scratch. An interview was also conducted with the Qualified Mental Retardation Professional (QMRP) on the aforementioned date and she too was not aware of the incident and indicated that the incident was not reported to her. Review of the facility's "Incident Management Policy on March 1, 2007 at 2:24 PM required the staff to notify the RN and Qualified Mental Retardation Professional (QMRP) of all injuries and document the incident on the Unusual Incident form or Health Concern form. At the time of the survey the facility failed to implement their Incident Management Policy. [See W153]	W 149	Incidents and injuries will be reported and documented on the Incident Report Form and Investigation completed by the QMRP.	3/26/07
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.	W 153		

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W 153	Continued From page 3 This STANDARD is not met as evidenced by: Based on staff interview, review of incident reports and the review of the incident management system, the facility failed to ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials as required by State Law[22DCMR Chapter 35 3519.10] through established procedures for one of five clients included in the sample. (Client #2) The finding includes: The facility failed to ensure that all incidents were written and reported immediately to the administrator as evidence below: Observation of the evening medication pass was conducted on February 28, 2007, beginning at 6:30 PM. Review of the facility's Medication Administration Record (MAR) on March 1, 2007 at 10:14 AM revealed a nursing note dated September 12, 2006. Further review of the note revealed Client #2 had an abrasion on top of his left foot. The review of the facility's incident reports were completed on February 28, 2007 at 8:58 AM. There was no documented evidence of the aforementioned incident. Interview with the facility's nurse on February 28, 2007 revealed that she did not remember anything about this incident and that it probably was a minor scratch. An interview was also conducted with the Qualified Mental Retardation Professional (QMRP) on the aforementioned date and she too	W 153	In the future incidents and injuries will be reported and documented on the Incident Report Form and Investigation completed by the QMRP. Documentation will be made on Incident Form that administration was notified.	3/26/07

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W 153	Continued From page 4 was not aware of the incident and indicated that the incident was not reported to her. Further review of the nursing note revealed that the nurse examined the client from September 12, thru September 20, 2006 when a "scab" was formed on the client's foot.	W 153		
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. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that Clients #1 and #2 participated in continuous active treatment. The findings include: 1. The QMRP failed to provide active treatment for Client #2 by implementing his recreation objective as recommended. [See W249] 2. The QMRP failed to ensure Clients #1 right to be taught to manage their financial affairs to the extent of their capabilities. [See W126] 3. The QMRP failed to ensure recommendations for Client #2 from an outside consultant had been communicated with the Primary Care Physician (PCP). [See W331]	W 159	1. Client #2's recreation program will be implemented and monitored by the QMRP. Cross reference W126. 3. In the future all Physician Orders will be requested immediately. The facility's RN will communicate with the Primary Care Physician and document all new orders.	3/23/07 3/23/07
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must	W 214		3/23/07

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W 214	Continued From page 5 identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure individual program plans stated specific objectives necessary to meet the client ' s needs, for one of the two clients included in the sample. (Client #1) The finding includes: During the observation of the medication administration on February 28, 2007 at 6:30 PM, Client #1 was observed to punch out one of his pills from the medication buble pack with hand over hand assistance. He drank his water and applesauce independently. Interview with the Qualified Mental Retardation Professional (QMRP) and review of the habilitation record on March 1, 2007 at 10:06 AM revealed a "Community and Home Life Assessment dated January 30, 2007. According to the QMRP the client was admitted to the facility on January 12, 2007 and they were trying to assess his needs, however, at the time of the survey there was no evidence of a self-medication assessment to determine his self -medication training needs.	W 214	The facility's RN will assess Client #1 to determine his skills and abilities for a self-medication training program.	3/26/07
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	W 249		

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W 249	Continued From page 6 objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interview, and record review, the facility failed to ensure that one of the two clients in the sample's program objective was implemented as recommended. (Client #2) The finding includes: The facility staff failed to provide active treatment for Client #2 by not implementing his recreation program as recommended. Interview with Qualified Mental Retardation (QMRP) and review of the habilitation record on March 1, 2007 at 11:17 AM revealed that the client had an Individual Support Plan (ISP)dated May 3, 2006. Further review of the habilitation record revealed a Recreation Assessment dated May 12, 2006. The Recreation Therapist recommended a program with an objective for Client #2 to participate in a structured tabletop activity three times a week per month for three consecutive months by April 2007. Review of the program data failed to indicate that a recreation program had been implemented. The QMRP indicated that since the Recreation Assessment was submitted after the client's ISP, the program objective was probably omitted. At the time of the survey, the facility failed to ensure Client #2's recreation program was implemented.	W 249	Cross reference W159.	3/23/07
W 331	483.460(c) NURSING SERVICES	W 331		

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W 331	Continued From page 7 The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on staff interview and record review the facility failed to ensure nursing services in accordance with the needs of one of two clients in the sample. (Client #2) The findings include: During the medication pass on February 28, 2007 at approximately 6:41PM, the medication cabinet revealed an unopen bottle of Diastat Acudial. Review of Client #2's Medication Administration Records (MAR) for March 2007 revealed he was prescribed "Diastat Acudial 2 pack 10--20 mg, Range 5 mg/ML (20) 1 Kit (15 mg) dose as directed from [name of hospital]. " Interview with the facility's nurse revealed that this medication was prescribed by the client's neurologist as a prn for repetitive seizures. The nurse indicated that she remembers calling the hospital for complete directions. She further indicated that she made three different calls to the hospital, but never received a return call. According to the nurse the medication was ordered on December 21, 2006. On the day of the survey March 1, 2007, the facility's nurse contacted the hospital requesting a physician's order. The facility failed to provide evidence timely of a physician's order for the aforementioned medication.	W 331	Cross reference W159.	3/23/07
W 374	483.460(k)(7) DRUG ADMINISTRATION	W 374		

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W 374	Continued From page 8 The system for drug administration must assure that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to assure that medication for one of the two client's in the sample were packaged and labeled in accordance with the State Law. (Client #2) The finding includes: The facility's nursing services failed to ensure that medications were labeled with the client's name, expiration date and treatment administration instructions as evidenced below: During the medication pass on February 28, 2007 at approximately 6:41 PM, the medication cabinet revealed an unopen bottle of Diastat Acudial. Review of Client #2's Medication Administration Records (MAR) for March 2007 revealed he was prescribed Diastat Acudial 2 pack 10--20 mg, Range 5 mg/ML (20) 1 Kit (15 mg) dose as directed from [name of hospital]. Interview with the facility's nurse revealed that this medication was prescribed by the client's neurologist as a prn for repetitive seizures. The nurse indicated that she remembers calling the hospital for complete directions. She further indicated that she made three different calls to the hospital, but never received a return call. According to the nurse the medication was	W 374	All medications will be labeled with Client's name, expiration date, and treatment administration instructions.	3/26/07

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W 374	Continued From page 9 ordered on December 21, 2006.	W 374		

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I 000	INITIAL COMMENTS A licensing survey was conducted from February 28, 2007 through March 1,2007. A random sample of two clients were selected from a residential population of four males with various degrees of mental retardation and other disabilities. The findings of the survey were based on observations at the group home and two day programs, interviews with staff and clients, and review of records, including incident reports.	I 000		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation, the Group Home for persons with Mental Retardation (GHMRP) failed to ensure the interior of the group home was maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. The findings include: Observations of the GHMRP 's environment on March 1, 2006 revealed a hole located in Residents #1 and #2's bedroom closet door. Additionally, the door was observed with peeling paint.	I 090		
I 202	3509.2 PERSONNEL POLICIES	I 202		

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I 202	Continued From page 1 Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control. This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Person (GHMRP) failed to ensure that staff be provided with a written job description. The finding includes: Review of the personnel records on March 1, 2007 revealed the GHMRP failed to have evidence of signed job descriptions for one direct care staff.	I 202	The QMRP will meet with staff and review job descriptions.	3/1/07
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician ' s certification that documented a health inventory had been performed and that the employee ' s health status would allow him or her to perform the required duties.	I 206	Updated health certificates will be obtained and placed in personnel records.	3/26/07

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I 206	Continued From page 2 The finding includes: Review of the personnel records on March 1, 2007 revealed that the GHMRP failed to ensure that current health certificates were on file for four consultants.	I 206		
I 274	3513.1(e) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency ' s inspection, at any time, the following administrative records: (e) Signed agreements or contracts for professional services; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to maintain signed contractual agreements for outside services. The finding includes: Review of the personnel records on March 1, 2007 revealed that the GHMRP failed to provide documented evidence of contractual agreements for one consultant.	I 274	The facility will obtain a signed contract from the consultant.	3/6/07
I 379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident ' s health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be	I 379		

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I 379	Continued From page 3 followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview record review, the GHMRP failed to ensure the Department of Health, was notified of an unusual incident or events that substantially interfered with a resident's health and welfare within twenty-four hours or the next work day. The finding includes: [See Federal Deficiency Report Citation W153]	I 379	Cross reference W153.	3/26/07
I 420	3521.1 HABILITATION AND TRAINING Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, the GHMRP failed to ensure habilitation and training was provided to its residents that would enable them to acquire and maintain life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. The finding includes: [See Federal Deficiency Report Citation W249]	I 420	Cross reference W159.	3/23/07

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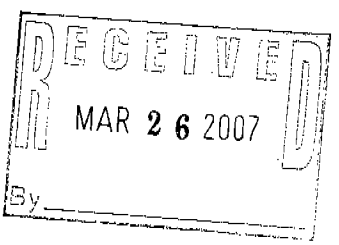
RECEIPT OF CORRESPONDENCE

This is to acknowledge receipt of correspondence addressed to

Ms. Sheila Pannell on 3/26/07
Dept. of Health
Health Regulation Admin.
825 North Capitol St. NE
2nd Floor
Wash, D.C.

Yvonne Briscoe Hall

Signature of Person who received Correspondence