

*Received
1-3-11*

PRINTED: 12/20/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/07/2010
NAME OF PROVIDER OR SUPPLIER CARECO			STREET ADDRESS, CITY, STATE, ZIP CODE 1776 VERBENA STREET, NW WASHINGTON, DC 20012	
(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 follow-up survey was conducted on December 7, 2010, to verify that the facility had come into compliance with the standard level deficiencies identified in the November 3, 2010 through November 5, 2010 recertification survey. Additionally, a review of all adaptive equipment was conducted. Three sampled clients were selected from a population of six women with various cognitive and intellectual disabilities. The findings of the survey were based on observation, interviews with staff and review of records, the determination was made that the facility had not achieved substantial compliance. Additional information was received on December 10, 2010, from the facility which verified that the facility had achieved substantial compliance with the standard level deficiencies identified in the November 5, 2010 recertification survey.	{W 000}		
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 interview and record review, the facility failed to ensure necessary adaptive equipment was maintained in good repair, for one of six clients residing in the facility. (Client #3)	W 436	W436 This STANDARD will be met as follows: The QMRP has been trained on Careco Inc.'s Adaptive Equipment Protocol and Adaptive Equipment Policy. The protocol includes the process of timely acquisition of adaptive equipment and monitoring wheelchair safety. In the future, Client#3 will use a loaner chair when her wheelchair is not available and she needs to travel long distances. The QMRP was notified by the vendor on 12/23/10 that Client #2's wheelchair was ready to be delivered. Client #2's new wheelchair is scheduled for delivery on 1/3/11. 1/5/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: L. Amy D. Samble TITLE: Interim Director of DD Services (X6) DATE: 12/30/10

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 436	<p>Continued From page 1</p> <p>The finding includes:</p> <p>The facility failed to ensure Client #3's wheelchair was maintained in good repair, as evidence below:</p> <p>On December 7, 2010, at approximately 11:50 a.m., interview with the facility's qualified mental retardation professional (QMRP) revealed that Client #3 was prescribed hearing aids and a wheelchair for long distance only. When asked to see the client's hearing aids and wheelchair, the QMRP was only able to produce the hearing aids. The QMRP stated that Client #3's wheelchair was removed from the facility due to maintenance issues (right arm cushion missing and no footrests). She also stated that she was unsure of how long the wheelchair was in need of repair. The QMRP indicated that the physical therapist (PT) evaluated the wheelchair in July 2010 and recommended that the client would benefit from a new custom wheelchair.</p> <p>Review of the Client #3s' PT assessment dated July 29, 2010, on the same day at approximately 11:55 a.m., revealed that PT evaluated and noted that the current wheelchair was a standard wheelchair with a sling seating system. Further review revealed the right armrest cushion was missing, there were no footrests, and there was no waist belt. The PT recommended that Client #3 would benefit from a new custom wheelchair.</p> <p>Continued interview with the QMRP revealed that the new wheelchair for Client #3 was ordered on November 23, 2010, almost 4 months later.</p> <p>It should be noted that Client #3 went on vacation to Ocean City in September 2010 and</p>	W 436			

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W 438	Continued From page 2 the aforementioned wheelchair was used to transport at the beach.	W 438			