

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

PRINTED: 11/07/2009
FORM APPROVED
OMB NO. 0918-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETE R 11/20/09
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NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 4515 EDSON PLACE, NE WASHINGTON, DC 20019
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(W 000)	INITIAL COMMENTS A follow-up survey was conducted on November 19, 2009 through November 20, 2009 to verify that the facility had come into compliance with the Condition of Governing Body, Client Protections, and Health Care Services, identified in the previous survey of September 30, 2009 through October 5, 2009. Through observation, interviews with staff and clients and review of records, the determination was made that the facility had achieved compliance in the Condition of Governing Body, Client Protections, and Health Care.	(W 000)	<i>Received 12/28/10</i> 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 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, interview, and record review, the facility failed to ensure the correct and consistent implementation of a client individual Program Plan (IPP) as recommended for one of four sampled clients. [Client #3] The finding includes: The facility was cited during the October 9, 2009 survey for not implementing Client#4's IPP's as recommended. The written Plan of Correction, dated October 30, 2009 alleged that the Acting	(W 249)	W249 This Standard will be met as evidenced by: The QMRP has conducted additional training. Both the QMRP and Coordinator will work collectively to ensure that whenever the IPP is implemented that all staff receives training to ensure that continuous active treatment is provided. The QMRP and Coordinator will monitor and supervise staff activities to further ensure compliance with this standard.	11-27-09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 11/27/09
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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 14 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 249}	<p>Continued From page 1</p> <p>Qualified Mental Retardation Professional (AQMRP) would retrain all staff on program documentation and implementation. The AQMRP and the House Manager would conduct routine monitoring to ensure compliance with documentation standards as set forth. Interview with the AQMRP on October 19, 2009, at approximately 6:15 p.m. revealed that all staff was trained on the implementation of each client's IPP goals. The following observations were made during the revisit:</p> <p>On November 19, 2009, beginning at 5:30 p.m., observations of the dinner meal revealed Staff 2 feeding Client #3 the entire time. Further observations revealed each time Client #3 was given beverage to drink; the staff placed the client's spout cup back on the table.</p> <p>Review of Client #3's records on November 20, 2009, at approximately 10:50 a.m., revealed and Individual Program Plan (IPP) dated June 22, 2009. Further review revealed Client #3 had an IPP objective that stated, "given hand over hand assistance, Client #3 will place her cup on the table after drinking her beverage with 60% accuracy for 6 consecutive months by 12/09".</p> <p>Interview with Staff #2 on November 20, 2009, at approximately 2:15 p.m., confirmed that he did not implement Client #3's IPP as written during the dinner meal on November 19, 2009.</p>	{W 249}		
{W 252}	<p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p>	{W 252}		

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{W 252}	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record verification, the facility failed to ensure that data was collected in the form and required frequency for one of the four clients in the sample. (Clients #3)</p> <p>The finding includes:</p> <p>During the October 9, 2009 survey, the facility was cited for its failure to ensure accurate client program documentation. The written Plan of Correction, dated October 30, 2009 alleged that the Acting Qualified Mental Retardation Professional (AQMRP) would actively monitor individual's programs and make timely modifications as needed and document in the monthly progress notes for review. Review of Client #3's records revealed the following during the revisit:</p> <p>On November 19, 2009, beginning at 5:30 p.m., staff was observed feeding Client #3 his evening meal. A further observation revealed each time the staff gave Client #3 a beverage to drink; staff would place the client's spout cup back on the table</p> <p>Review of Client #3's records on November 20, 2009, at approximately 10:50 a.m., revealed and Individual Program Plan (IPP) dated June 22, 2009. Further review revealed Client #3 had an IPP objective that stated, " given hand over hand assistance, Client #3 will place her cup on the table after drinking her beverage with 60% accuracy for 6 consecutive months by 12/09 "</p>	{W 252}	<p>W252</p> <p>This Standard will be met as evidenced by:</p> <p>The data collection and program implementation have been reviewed with all staff. The data sheet currently reflects correct frequency of data collection. The QMRP and Coordinator will continue to monitor program implementation and provide immediate corrective actions as needed to ensure that the data frequency and documentation is being recorded as outlined in the individuals program plan.</p>	11/27/09 going	

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(W 252)	Continued From page 3 Review of the data sheet on the same day at approximately 11:00 a.m., revealed no documentation from the previous day. Further review of the data sheets revealed the program was to be documented five days a week, however, the documentation from the months of August 2009 to present only reflected staff documented the program three days a week. Interview with the Acting Qualified Mental Retardation Professional at 11:30 a.m., confirmed that direct care staff was not documenting the program as indicated.	(W 252)			
W 381	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to store drugs under proper conditions of security for five of five clients residing in the facility. (Clients #1, #2, #3, #4 and #5) The finding includes: On November 20, 2009, at approximately 7:10 a.m. the registered nurse (RN) was observed to leave medication cart in the dining room. Further observation revealed the clients were eating breakfast with one staff person present. Medication bubble packs were on the medication	W 381	W381 This Standard will be met as evidenced by: All of the nurses have been re-trained on importance of securing and storage of medications. The RN will conduct ongoing medication administration observations to further ensure ongoing compliance with this standard. Nurses non compliance will with the standards set forth will result in disciplinary action up to and including termination of employment.	11/20/09	

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W 381	<p>Continued From page 4</p> <p>tray unsecured. At 7:11 a.m., the Director of Nursing (DON) was informed of the unsecured medications. The DON pointed to a staff observing breakfast and stated he is a license practical nurse (LPN). However, the medication cart was observed behind the LPN.</p> <p>Interview with the LPN on November 20, 2009, at 7:12 a.m., revealed that he was only observing the clients eating breakfast. Additional interview with the DON confirmed that the RN should have secured the medication.</p> <p>There was no evidence that all drugs were stored under proper conditions of security.</p>	W 381		