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

PRINTED: 02/27/2009  
FORM APPROVED  
OMB NO. 0938-0991

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/12/2009
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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018
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(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
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W 000	INITIAL COMMENTS  A recertification survey was conducted from February 10, 2009 through February 12, 2009. The survey was initiated using the fundamental survey process. A random sample of two clients was selected from a population of four males with various degrees of disabilities.  The findings of this survey were based on observations at the group home and one day program, and a review of clinical and administrative records to including the facility's unusual incident reports.	W 000		
W 120	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES  The facility must assure that outside services meet the needs of each client.  This STANDARD is not met as evidenced by: Based on observations, staff interview, and record review, the facility failed to effectively monitor each client's day program to ensure that the clients needs were met, for two of two clients included in the sample. (Clients #1 and #2)  The findings include: 1. The facility failed to ensure Client #1's was provided with his prescribed diet.  Observation of lunch at Client #1's day program on February 11, 2009 at approximately 1:18 PM revealed he was served an 1800 calorie diet. Interview with the Qualified Mental Retardation Professional (QMRP) and verification of the physician's orders on February 11, 2009 at approximately 10:00 AM revealed that Client #1	W 120	W120 This Standard will be met as evidenced by:  1. The QMRP will follow-up with the day program personnel, verify physician orders and to ensure that the prescribed diet for client #1 is implemented as ordered. The QMRP/nurse will conduct routine visits to the day program (at least twice monthly and/or as needed) to further ensure compliance with this standard.  2. The QMRP/nurse will conduct additional training as needed for day program staff. Also, reference response to #1, W120. QMRP/nurse are required to document and maintain on file all day program visits.	3.9.09 ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nancy Manna</i>	TITLE <i>ENS</i>	(X6) DATE <i>3/6/09</i>
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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 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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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018		
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W 120	<p>Continued From page 1</p> <p>was prescribed a regular diet with added fiber. It was also observed by the QMRP and Nurse on February 12, 2009 at approximately 12:30 PM when Client #1 returned to the facility with lunch that had been provided by the day program. Interview with the QMRP and nurse acknowledged that the day program was aware of the clients proper diet and that the diet provided by the day program was inconsistent with the diet ordered by the physician.</p> <p>2. The facility failed to ensure that day program followed Client #2's prescribed diet and fluid restriction.</p> <p>On February 11, 2009 at 12:20 PM lunch observations were conducted at Client #2's day program. Client #2 was observed receiving chicken, mashed potatoes, mixed vegetables, whole wheat bread, fat free milk (8 ounces), applesauce, spinach salad and Boost glucose (nutritional supplement). At 12:30 PM, the client requested from the Supervisory Individual Program Plan (IPP) Coordinator a diet soda. Several minutes later, the Supervisory IPP Coordinator returned with a diet caffeine free cola soda. The client consumed the entire soda.</p> <p>Interview with the Speech Pathologist on February 11, 2009 at approximately 1:00 PM revealed the client had a mealtime protocol dated August 5, 2008. It was noted on the mealtime protocol, that the day program received the mealtime protocol on August 7, 2008. Further interview with the Speech Pathologist revealed another mealtime protocol was located in the lunch room dated January 2, 2008.</p> <p>Review of Client #2's mealtime protocol dated</p>	W 120			

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W 120	Continued From page 2 January 2, 2009 on February 11, 2009 at 1:20 PM indicated no concentrated sweets, 2000 fluid restriction, no potatoes and etc. The lunch fluid restriction included Boost Glucose (8 ounces) and 1% fat milk (8 ounces).	W 120		
W 124	<p>There was no evidence that Client #2 was provided with his prescribed diet including his fluid restriction while at the day program.</p> <p><b>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</b></p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients were informed of their risks and benefits of their medication, for two of the two clients in the sample. (Clients #1 and #2)</p> <p>The findings include:</p> <p>1. During the survey (February 10 -12, 2009) Client #1 ambulated with the assistance of arm braces. Review of his medical record revealed that he has a diagnosis of Spina Bifida. On December 18, 2008 Client #1 was evaluated at the Spina Bifida clinic due to complaints of pain in his left hip and lower back. Recommendations were made for labs and a bone scan. There was also a recommendation for the client to receive</p>	W 124	<p>W124 This Standard will be met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. The QMRP will review with client #1 all current medications/treatment. In the future, the QMRP in coordination with the nurse will discuss and review with client #1 in language that he is able to understand; his medical condition, treatment/s, risk/benefits, as well as the right to refuse prior to implementation. Verification of an informed consent will be maintained on file and available for review.</li> <li>2. The QMRP will ensure that informed consent is obtained for all individual's prior administration of psychotropic medications. QMRP will review each person's file and provide information as needed to the person, legal guardian and/or family member. Also, reference response to W124.1.</li> <li>3. Reference response to W124. 1&amp;2.</li> </ol>	3-9-09 ongphq

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G129		(02) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(03) DATE SURVEY COMPLETED  02/12/2009	
NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.				STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018			
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W 124	<p>Continued From page 3</p> <p>Tylenol #3 (with codeine) for pain. The physician ordered the medication and review of the Medication Administration Records on February 11, 2009 at approximately 3:30 PM, verified that the client received the medication. There was no evidence however, that Client #1 was informed of the side effects of the medication, i.e. drowsiness, dizziness and nausea nor was informed consent obtained prior to the administration of the medication. It should be noted that according to the psychology assessment dated January 16, 2009, Client #1 "evidenced the capacity to grant or withdraw consent to any ongoing medical treatment..."</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on February 11, 2009 acknowledged the lack of consent for the use of the medication.</p> <p>2. The facility failed to ensure that informed consent was obtained from Client #2 and/or his legal guardian prior to the administration of his psychotropic medications.</p> <p>Medication observations on February 10, 2009 at 4:45 PM revealed that Client #2 received Tegretol and Fluphenazine. Interview with the Registered Nurse (RN) on February 10, 2009 at 5:00 PM indicated that the client received the aforementioned medication for his maladaptive behaviors.</p> <p>During the entrance conference on February 10, 2009 at 7:00 PM, an interview was conducted with the QMRP revealed that the client did not have the capacity to give informed consent for the use of medications and habilitation services.</p>	W 124					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  090128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/12/2009
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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018
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W 124	<p>Continued From page 4</p> <p>Review of Client #2's record on February 11, 2009, at 10:30 AM revealed a psychological assessment dated July 31, 2008 that verified the QMRP's statement. According to the assessment, Client #2 "is not able to make independent decisions concerning his residential or day placements. He lacks the cognitive skills necessary to understand the implications of such decisions and therefore cannot give his informed consent. He lacks the judgment and insight required to make decisions independently." The QMRP further revealed the client had a court appointed guardian to assist him in decision making.</p> <p>Review of the client's medical record and additional interview with the QMRP on February 11, 2009 at approximately 11:00 AM failed to provide evidence that Client #2's treatment needs, including the benefits and potential side effects associated with his medications, and the right to refuse treatment, had been explained to him and/or a legally authorized representative.</p> <p>3. The facility failed to provide evidence that revealed Client #2's legal guardian had been informed of sedations prior to administering them.</p> <p>Review of Client #2's medical record on February 11, 2009 at approximately 1:00 PM revealed the following written physician's orders:</p> <p>December 14, 2008 - Xanax 2 mg by mouth one hour prior to MRI of pituitary gland. Review of the corresponding Medication Administration Record (MAR) for December 2008 verified the sedation was administered on December 24, 2008.</p> <p>January 2, 2009 - Xanax 2 mg by mouth prior to</p>	W 124		

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W-124 Continued From page 5  
MRI of pituitary gland. Review of corresponding MAR for January 2009 revealed the sedation was administered on January 9, 2009.

December 10, 2007 - Ativan 2 mg by mouth prior to dental appointment. Review of corresponding MAR for January 2008 revealed the sedation was administered on January 22, 2008.

Interview with the QMRP on February 11, 2009 at approximately 1:30 PM revealed Client #2 was not capable of giving informed consent for the use of medications and habilitation services. The QMRP's statement was verified on February 11, 2009 at 2:00 PM through review of Client #2's Psychological Assessment dated July 31, 2008. According to the assessment, Client #2 was "not able to make independent decisions concerning his treatment plan, financial affairs, living arrangements, or day placement."

The QMRP further revealed that the client had a legal guardian to assist him in decision making. At the time of the survey, however, the facility failed to provide evidence that informed consent was obtained from the client and/or legally authorized representative for the use of the aforementioned sedations.

W 125 483.420(a)(3) PROTECTION OF CLIENTS RIGHTS

The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.

W 124

W 125

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W 125	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the rights as citizens of the United States, for one of two clients in the sample. (Client #1)</p> <p>The finding includes:</p> <p>Interview with Client #1 on February 11, 2009 at approximately 3:18 PM revealed that he wanted to vote during the Presidential election on November 4, 2008, but could not because his identification (ID) had expired. He indicated that he told the Qualified Mental Retardation Professional (QMRP) and House Manager (HM) about his expired ID. Client #1 further indicated that the QMRP went to get a new ID for him but the line was too long. When asked if he had a current ID he indicated that he did not have one.</p> <p>Interview with the HM on the same day revealed that he just received a copy of the client's birth certificate from his foster parent and would get Client #1 a new ID.</p> <p>The facility failed to ensure Client #1 was provided an opportunity to vote in the presidential election as he desired.</p>	W 125	<p>W125</p> <p>This Standard will be met as evidenced by:</p> <p>Both the QMRP and Home Manager will be given additional in-service training on clients rights, encouraging and assisting individuals to exercise their rights.</p> <p>Client #1 will also be given additional training on exercising his rights, use of grievance procedures and advocacy process.</p> <p>QMRP will assist client #1 in obtaining an ID and voter registration.</p>	<p>3.2.09 ongoing</p> <p>3.19.09 ongoing</p>
W 137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility</p>	W 137		

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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 5112 WALNUT STREET, NE WASHINGTON, DC 20018
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W 137 Continued From page 7  
failed to ensure that clients had clothing that was the appropriate size for one of the two clients included in the sample. (Client #2)

The finding includes:

During evening observation on February 10, 2009 from 4:30 PM until 7:30 PM, Client #2 was observed wearing jeans with a belt that hung below his behind. The client continued to pull his pants up by the waistband during evening observations.

On February 11, 2009 at 7:40 AM, Client #2 was again observed wearing jeans with a belt that hung below his behind. The client's pants appeared to be at least two sizes too big. Interview with the House Manager indicated that the client had "lots of pants" in his closet. There was no evidence that the facility provided Client #2 with appropriate fitting pants.

W 137

W137  
This Standard will be met as evidenced by:

Client #2's clothing will be assessed and all items determined not to fit properly will be discarded and new clothing purchased as needed. Home Manager will conduct routine inspections and/or inventory of individuals person belongings at least quarterly and as needed make sure that all clothing is sufficient in good repair and meets the needs of the individuals served. QMRP/Home Manager will provide additional staff training to ensure that staff understand the expectations (ensuring individuals are properly dressed in clothes and garments that fit, are appropriate for the weather, activity, and meets the personal satisfaction of the individual) and are able to demonstrate the actions required.

3-209 ongoing

W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS

The facility must have evidence that all alleged violations are thoroughly investigated.

This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to investigate injuries of unknown origins, for two of the two clients in the sample. (Clients #1 and #2)

The findings include:

Review of the incident reports on February 10, 2009 at 10:00 AM revealed the following injuries of unknown origins:

W 154

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W 154	Continued From page 8  a. On August 31, 2008, staff discovered that Client #1's right ankle was swollen. The primary care physician was notified and instructed the staff to take the client to the emergency room.  b. On August 16, 2008, staff discovered a small cut over Client #2's right eye.  Interview with the Qualified Mental Retardation Professional on February 10, 2009 at approximately 2:30 PM confirmed that there were no investigation to the aforementioned incidents. Continued review of the facility's incidents failed to provide evidence that the incidents had been investigated.	W 154	W154  This Standard will be met as evidenced by:  The QMRP will receive disciplinary action for failing to report and investigate incidents as outlined in policy and procedures. QMRP will complete investigations and forward information to administrator for review. QMRP will receive additional training as needed on incident reporting procedures and guidelines.	3.9.09 ongoing
W 156	489.420(d)(4) STAFF TREATMENT OF CLIENTS  The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report the results of all investigations to the administrator within five working days of the incident, for two of the two clients included in the sample. (Clients #1 and #2)  The findings include:  Review of the incident reports on February 10, 2009 at 10:00 AM revealed the following injuries of unknown origins:  a. On August 31, 2008, staff discovered that	W 156	W156  This Standard will be met as evidenced by:  Reference response to W154.	3.9.09 ongoing

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W 156 Continued From page 9  
Client #1 right ankle was swollen. The primary care physician was notified and instructed the staff to take the client to the emergency room.

b. On August 16, 2008, staff discovered a small cut over Client #2's right eye.

Interview with the Qualified Mental Retardation Professional on February 10, 2009 at approximately 2:30 PM confirmed that there were no investigation to the aforementioned incidents. Continued review of the facility's incidents failed to provide evidence that the administrator was notified of the results of all investigations within five working days.

W 156

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, staff interview, and record review, the Qualified Mental Retardation Professional (QMRP) failed to coordinate services for two of the two clients included in the sample. (Clients #1 and #2)

The findings include:

1. On February 11, 2009, at approximately 11:56 AM, Client #1's day program was visited. At the time of the surveyor's arrival, the client was not present in the program. Interview with the day program staff revealed that the client had recently had an IPP on January 30, 2009. When asked what programs the client was working on, the day

W 159

W159 This Standard will be met as evidenced by:

1. QMRP will follow-up with the day program to ensure that newly formed goals and objectives are implemented.
2. Also, reference response to W120.
3. Reference response to W242.
4. Reference response to W249
5. Reference response to W252.
6. Reference response to W331.1

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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018
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W 159	<p>Continued From page 10</p> <p>program staff indicated that Client #1 was working on the goals from the previous year. He further indicated that the client's new goals would be implemented March 1, 2008.</p> <p>Review of the client's program documentation revealed that the client had an IPP goal that he would independently perform job related task for two hours and 30 minutes each day he was present by February 28, 2009. Further review of the program documentation revealed that the client achieved the objective on December 31, 2008.</p> <p>When asked to see the goals and objectives developed for the client during the Individual Habilitation Plan (IHP) meeting conducted on January 30, 2009, revealed that the goals were written exactly the same. Interview with the staff revealed that the same goals were carried over from the previous year. When asked to speak with the person who developed the IPP, the staff indicated that the person was not in the building at the time.</p> <p>At the time of the survey, The QMRP failed to ensure Client #1's newly formed goals and objectives were implemented at the day program.</p> <p>2. The facility's QMRP failed to effectively monitor each client's day program to assure that the clients needs were met. [See W120]</p> <p>3. The facility's QMRP failed to ensure training in personal skills essential for independence. [See W242]</p> <p>4. The facility's QMRP failed to ensure each client received continuous active treatment</p>	W 159		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/12/2009
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W 159	Continued From page 11 services. [See W249]	W.159		
W 242	<p>5. The facility's QMRP failed to ensure that data was collected in the form and required frequency. [See W252]</p> <p>6. The facility's QMRP failed to ensure that Client #2's day program received his current physical orders. [See W331, 1]</p> <p>483.440(c)(6)(II) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence. (Including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure each client's individual program plan (IPP) included training in activities of daily living skills in both formal and informal settings, for one of the two clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>Observations at Client #2's day program on February 11, 2009 at 12:15 PM revealed Client #2 was observed taking out his dentures and eating a portion of his lunch. The client was further observed running his tongue over his gums. Interview with the QMRP on February 11, 2009 at approximately 4:00 PM revealed that staff clean</p>	W 242	<p>W242. This Standard will be met as evidenced by:</p> <p>Client #2 had a previous training objective to clean his dentures. He met criteria. The QMRP will evaluate client #2' current skills in this area and develop a training program as needed. QMRP will also provide ongoing staff training to encourage them to promote greater independence.</p>	2.27.09 ongoing

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W 242 Continued From page 12  
the client's dentures using the cleaning solution.  
Review of the Client #2's dental consultation dated February 11, 2009 on February 11, 2009 at 4:30 PM revealed the dentist recommended that the client's dentures should be taken out and washed in denture solution, daily.

W 249 There was no evidence that training was provided for Client #2 to be assisted in developing his skills in dental hygiene.  
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 interview and record review, the facility failed to ensure each client received continuous active treatment services, for two of the two clients included in the sample. (Clients #1 and #2 )

The findings include:  
1. The facility failed to implement Client #1's Individual Program Plan (IPP) objectives as soon as the IDT formulated them.

On February 11, 2009 at approximately 3:10 PM, Client #1 told the direct care staff that he wanted "to do my program now." Client #1 and the staff

W 242

W249  
This Standard will be met as evidenced by:

W 249  
1. The DRS will address with the QMRP appropriate monitoring of programs, expectations, and actions needed to ensure that all program objectives are implemented as outlined in the ISP.

QMRP will implement all program objectives as outlined on client #1's IPP.

2. QMRP will conduct additional staff training on client #2's behavior support plan. QMRP will consult with behavior specialist as needed. QMRP/Home Manager will monitor staff interactions and behavior interventions on an ongoing basis and provide feedback/direction for staff as needed to ensure compliance with this standard.

2.27.09  
omg/mj

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W 249	<p>Continued From page 13</p> <p>went to the basement. The staff provided range of motion to Client #1's legs, after which the client got on a stationary bike and with staff assistance began pedaling. After a few minutes, the client indicated he was tired.</p> <p>Review of Client #1's IPP revealed that the objective was written for the client's previous IPP (2/13/08). The QMRP indicated that Client #1 recently had his Individual Support Plan (ISP) on January 30, 2009 and that the new ISP goals and objectives would not be implemented until March 1, 2009.</p> <p>2. The facility failed to implement Client # 2's Behavior Support Plan (BSP).</p> <p>On February 12, 2009 at 3:26 PM, Client #2 was observed cursing at the staff, the staff replied, "watch your mouth."</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on February 12, 2009 at 4:00 PM revealed that all staff received training on Client #2's BSP.</p> <p>Review of Client #2's BSP dated February 14, 2008 on February 12, 2009 at 4:10 PM revealed the client had maladaptive behaviors of verbal aggression, verbal threats and physical aggression. Further review of the BSP revealed the following procedures to address his behaviors:</p> <p>a. Every time the client displays aggression the staff should ask the client to calm down, and ask him to explain whatever is upsetting him without cursing or making threats. Staff should help the client to think of an appropriate solution to his</p>	W 249		
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W 249	Continued From page 14 problem;	W 249		
W 252	<p>b. After the client has calmed down, staff should redirect him to an adaptive task and praise him for task performance and completion; and</p> <p>c. Staff should continue to monitor the client to ensure that verbal aggression or verbal threats do not escalate to physical aggression.</p> <p>There was no evidence that the facility implemented Client #2's BSP as instructed.</p> <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> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that data was collected in the form and required frequency, for one of the two clients in the sample. (Client #2)</p> <p>The finding includes:</p> <p>On February 10, 2009 at 4:25 PM, direct care staff was overheard asking Client #2 to set the table. Client #2 refused. Interview with the direct care staff on February 10, 2009 at 4:30 PM indicated the client refused because there were no napkins or paper towels to complete the table setting. Several minutes later, the direct care staff was observed setting the table for dinner.</p> <p>Record verification of the Individual Program Plan</p>	W 252	<p>W252 This Standard will be met as evidenced by:</p> <p>QMRP will provide staff training on the implementation and documentation of program objectives for client #2. QMRP/Home Manager will monitor implementation of program objectives and provide necessary interventions as needed to ensure that staff maintain compliance with this standard.</p>	2-27-09 07/9014

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W 252	Continued From page 15 (IPP) data book on February 11, 2009 at 2:00 PM revealed staff documented the program was conducted with verbal prompts on February 10, 2009	W 252		
W 262	<p>There was no evidence that the data had been collected in accordance with the IPP for Client #2, which was necessary for a functional assessment of the client's progress</p> <p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure that restrictive measures had been approved by the Human Rights Committee (HRC) for one of two clients in the sample. (Client #2)</p> <p>The findings include:</p> <p>The facility failed to ensure that Client #2's Behavior Management Plan (BMP), psychotropic medications and sedations were reviewed, and approved by the HRC.</p> <p>a. Medication observations on February 10, 2009 at 4:45 PM revealed that Client #2 received Tegretol and Fluphenazine. Interview with the Registered Nurse (RN) on February 10, 2009 at 5:00 PM indicated that the client received the aforementioned medications for his maladaptive</p>	W 262	<p>W262 This Standard will be met as evidenced by:</p> <p>The QMRP will ensure that client #2's behavior support plan and psychotropic medications are reviewed and approved by the HRC. HRC will maintain master listing of all individuals on BSP to further ensure that all information is reviewed prior to implementation/expiration.</p> <p>QMRP will review and discuss BSP and medications with the individual guardian to include risks benefits of treatment.</p> <p>Also reference response to W124.</p>	3.19.09 ongoing

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W 262	<p>Continued From page 16</p> <p>behaviors. Review of the client's physician orders dated December 2008 on February 11, 2009 at approximately 10:00 AM verified that the client received Tegretol and Fluphenazine.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on February 10, 2009 at approximately 4:10 PM and the record review revealed the client had a Behavior Support Plan on February 11, 2009 at approximately 11:00 AM that addressed his maladaptive behaviors of verbal aggression, physical aggression and verbal threats. Review of the HRC minutes on February 12, 2009, however revealed that the HRC did not review and approve the Client #2's BSP.</p> <p>b. Medication observations on February 10, 2009 at 4:45 PM revealed that Client #2 received Tegretol and Fluphenazine. Interview with the Registered Nurse (RN) on February 10, 2009 at 5:00 PM indicated that the client received the aforementioned medication for his maladaptive behaviors. Review of the client's physician orders dated December 2008 on February 11, 2009 at approximately 10:00 AM verified that the client received Tegretol and Fluphenazine.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on February 10, 2009 at approximately 4:10 PM and the record review revealed the client had a Behavior Support Plan on February 11, 2009 at approximately 11:00 AM that addressed his maladaptive behaviors of verbal aggression, physical aggression and verbal threats. Review of the HRC minutes on February 12, 2009, however revealed that the HRC did not review and approve the Client #2's BSP.</p> <p>Further interview with the QMRP, HM and</p>	W 262		
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HEALTH REGULATION ADMIN

P. 023

023/045

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W 262	<p>Continued From page 17</p> <p>Assistant Program Director on February 11, 2009 at approximately 10:00 AM revealed that HRC meetings were held quarterly. Review of the HRC minutes on February 12, 2009, revealed no evidence that the HRC reviewed Client #2's restrictive psychotropic medications to control his behavior.</p> <p>c. Review of Client #2's medical record on February 11, 2009 at approximately 10:00 AM revealed the following written physician order of sedations for a MRI of the pituitary gland:</p> <ul style="list-style-type: none"> <li>- December 14, 2008 - Xanax 2 mg by mouth one hour prior to MRI of pituitary gland. Review of the corresponding Medication Administration Record (MAR) for December 2008 verified the sedation was administered on December 24, 2008.</li> <li>- January 2, 2009 - Xanax 2 mg by mouth prior to MRI of pituitary gland. Review of corresponding MAR for January 2009 revealed the sedation was administered on January 9, 2009.</li> <li>- December 10, 2007 - Ativan 2 mg by mouth prior to dental appointment. Review of corresponding MAR for January 2008 revealed the sedation was administered on January 22, 2008.</li> </ul> <p>Interview with the HM on February 10, 2009 at approximately 7:00 PM indicated that the client had a legally appointed court guardian who signed a medical consent to perform the medical procedure (MRI of the pituitary gland).</p> <p>Interview with the QMRP, HM and Assistant Program Director on February 12, 2009 at approximately 12:30 PM revealed that HRC</p>	W 262		
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NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018		
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W 262	Continued From page 18 meetings were held quarterly. Review of the HRC minutes from May 2008 through January 2009 on February 12, 2009, revealed no evidence that the HRC reviewed Client #2's sedations for medical appointments prior to administering them.	W 262		3.19.09	
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Human Rights Committee (HRC) failed to ensure that restrictive programs were used only after written consents had been obtained, for one of the two included in the sample. (Client #2)  The finding includes:  The facility failed to ensure that written informed consent was obtained from Client #2's court appointed guardian prior to the administration of his psychotropic medications and Behavior Support Plan (BSP)  Observation of the evening medication administration on February 10, 2009 at 4:45 PM revealed Client #2 received Tegretol and Elxir. Interview with the medication Registered Nurse (RN) during the medication administration, revealed the aforementioned medications were used to address the client's behaviors.  Review of Client #2's current physician orders	W 263	W263 This Standard will be met as evidenced by:  Reference response to W262 and W124.		

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W 263 Continued From page 19 dated December 2008 on February 11, 2009 at approximately 10:00 AM confirmed the aforementioned medications were used to address his maladaptive behaviors. Interview with the Qualified Mental Retardation Professional (QMRP) at 3:10 PM indicated the aforementioned medications were used to address the client's behaviors in conjunction with a BSP.

Review of Client #2's BSP dated February 14, 2008 on February 11, 2009 at 10:30 AM revealed the BSP identified the use of the previously mentioned psychotropic medications to control behaviors.

During the entrance conference on February 10, 2009 at 7:00 PM, an interview was conducted with the QMRP and House Manager (HM) that revealed Client #2 had a court appointed legal guardian. At the time of the survey, the facility failed to provide evidence that written informed consent was obtained from the Client #2's guardian prior to the implementation of the BSP.

W 331 483.460(c) NURSING SERVICES

The facility must provide clients with nursing services in accordance with their needs.

This STANDARD is not met as evidenced by. Based on interview and record review, the facility failed to ensure nursing services in accordance with clients needs, for two of the two clients included in the sample. (Clients #1 and #2)

The findings include:

1. In an interview with Client #2's day program

W 263

W 331

W331  
This Standard will be met as evidenced:

1. RN will ensure that the day program is in receipt of a current physician order.
2. Reference response to W369.
4. Reference response to W371.

2/12/09 ongoing

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W 331	Continued From page 20 nurse on February 10, 2009 at approximately 1:00 PM revealed that Client #2 received medications at the day program. Review of Client #2's Medication Administration Records (MARs) on February 10, 2009 at the day program indicated that the client received cranberry fruit tablet 475 mg, Boost Glucose, Bethanechol Chloride 50 mg and Novolin R 6 - 8 units (based on glucose reading). Further review of the client's medical record revealed no evidence of a current physician order at the day program. NOTE: The last physician order in the record was October 2008.  2. The facility's nurse failed to ensure that clients received all prescribed medications without error. [See W369]  3. The facility's nurse failed to develop and implement an effective system to ensure that clients participated in a self-medication training program. [See W371]	W 331		
W 368	483.480(k)(1) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that all medications were administered in accordance with physician's orders, for one of the two clients in the sample. (Client #2)  The finding includes:  Observation of the medication administration on	W 368		

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W 368	Continued From page 21 February 10, 2009 at 4:45 PM, revealed Client #2 was administered Urecholine, Tegretol, Fluphenazine, Dorzolamide and Cranberry Fruit. Comparison of the medication administration observation and the physician order dated December 2008 on February 10, 2009 at 6:20 PM revealed that the client's evening medications should have been administered at 8:00 PM.  Interview with the Registered Nurse at 6:30 PM confirmed that she had started her medication administration for Client #2 at approximately 4:45 PM.	W 368		
W 369	483.460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to ensure that clients received all prescribed medications without error, for one of the two clients included in the sample. (Client #2)  The finding includes:  Observation of the medication administration on February 10, 2009 at 4:45 PM, revealed Client #2 was administered Urecholine, Tegretol, Fluphenazine, Dorzolamide and Cranberry Fruit. Comparison of the medication administration observation and the physician order dated December 2008 on February 10, 2009 at 6:20 PM revealed that the client's evening medications should have been administered at 8:00 PM.  Interview with the Registered Nurse at 8:30 PM	W 369	W369 This Standard will be met as evidenced by:  Reference response to W368.	2-13-09 ongoing

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W 369	Continued From page 22 confirmed that she had started her medication administration for Client #2 at approximately 4:45 PM.	W 369		
W 371	<p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interview and record review, the facility failed to develop and implement an effective system to ensure that clients participated in a self-medication training program, for one of two clients included in the sample. (Client #2)</p> <p>The finding includes:</p> <p>During the medication administration on February 10, 2009 at 4:45 PM, the Registered Nurse (RN) was observed punching Client #2's medication from the bubble pack into a medication cup. The RN also poured a cup of water and handed the medication and water to the client.</p> <p>Interview with the RN on February 10, 2009 at 5:00 PM revealed that the client does not participate in a self medication program due to his functioning level. Observations throughout the survey revealed the Client #2 was capable of feeding himself without assistance and following directives from staff.</p> <p>Review of Client #2's self medication assessment</p>	W 371	<p>W371</p> <p>This Standard will be met as evidenced by:</p> <p>The QMRP in conjunction with the RN will re-assess client #2 skills related to medication pass and develop a program objective as needed to increase his independence in this area. RN/QMRP will provide inservice training for LPN staff assigned to client #2.</p>	3.6.09 original

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W 571	<p>Continued From page 23 dated July 26, 2008 on February 11, 2009 at 10:00 AM revealed the following strengths:</p> <ul style="list-style-type: none"> <li>- responds correctly to simple direction;</li> <li>- appropriately indicates pain/discomfort; and</li> <li>- takes medication with one prompts.</li> </ul> <p>Further review of Client #2's self medication administration assessment revealed the following recommendations:</p> <ul style="list-style-type: none"> <li>- encourage client to participate with self medication administration of oral medication at the maximum;</li> <li>- level of participation (i.e. like getting his own fluid, pick up medication cup from nurse, swallow medication independently; and</li> <li>- encourage client to participate in the application of topical treatment when ordered.</li> </ul> <p>According to the assessment Client #2 was not approved for a self medication program. The reason indicated that the client was inconsistent in responses at times.</p> <p>At the time of the survey, there was no evidence that the client was given the opportunity to participate in a self-medication program.</p>	W 571		
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W 436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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.</p>	W 436		
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W 436	<p>Continued From page 24</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that clients adaptive equipment was maintained in good repair, for one of the two clients included in the sample. (Client #1)</p> <p>The finding includes:</p> <p>On February 10, 2009 at 6:50 PM, Client #1's eyeglass frame was observed cracked. Interview with the client at 7:00 PM revealed that he did not know how long his eyeglass frame was cracked. Interview with the House Manager at 7:10 PM indicated that the client's eyeglasses could be repaired or replaced. There was no evidence that the facility maintained Client #1's eyeglasses in good repair.</p>	W.436	<p>W436 This Standard will be met as evidenced by:</p> <p>The QMRP/House Manager in coordination with the medical staff will ensure that client #1's glasses are repaired and/or replaced. QMRP/Home Manager will also secure a second pair of glasses to ensure that client #1 has a pair of glasses in good repair at all times.</p> <p>QMRP will assess client #1's skills in maintaining his eyeglasses and develop a training program as needed to assist him toward maintaining his personal belongings in good repair/condition.</p>	
W 440	<p>483.470(f)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to hold evacuation drills quarterly on all shifts.</p> <p>The finding includes:</p> <p>Interview with the House Manager on February 12, 2009 at approximately 5:15 PM revealed that the staff schedules for the weekday and weekend shifts were as follows:</p> <p>Day shift: 6:00 AM - 2:30 PM</p>	W 440		3.19.09 ongoing

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W 440	<p>Continued From page 25</p> <p>Evening shift: 2:00 PM to 10:30 PM Night shift: 10:00 PM to 6:30 AM</p> <p>Review of the fire drill records on the same day and time revealed that fire drills were not conducted on the evening shift during the second quarter and the evening and night shift during the third quarter.</p> <p>Interview with the House Manager on February 12, 2009 at approximately 5:30 revealed that he did not have a set schedule of drills for the staff to follow; he "allows them to work it out." It should be noted that there were no drills conducted in the months of March 2008, April 2008, June 2008, and September 2008.</p> <p>There was no evidence that an evacuation drill was conducted on every shift of personnel at least quarterly.</p>	W 440	<p><b>W440</b></p> <p><b>This Standard will be met as evidenced by:</b></p> <p>Home Manager will review fire drills at least monthly and direct staff as needed to conduct a drill. Home Manager will provide staff training for all personnel assigned to the home to ensure that they understand the expectations and importance of maintaining fire safety code standards. QMRP will also monitor records at least quarterly to ensure ongoing compliance with this standard.</p>	2-18-09 ongoing
W 455	<p>483.470(f)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement infectious control procedures to prevent communicable infectious diseases.</p> <p>The findings include:</p> <p>1. On February 11, 2009 at 2:25 PM, two packages of uncooked strips of beef were observed in the kitchen sink. At 4:05 PM, the two packages of beef were still observed in the</p>	W 455		

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W 455	<p>Continued From page 26</p> <p>kitchen sink. Review of the menu for February 11, 2009 dinner at 4:30 PM revealed strips of beef, rice and carrots were to be prepared for dinner. At 5:00 PM, the direct care staff was observed preparing the steak for the clients dinner. At 5:25 PM, pepper steak, rice and carrot were served to the clients for dinner. Interview with the House Manager on February 10, 2009 at approximately 8:00 PM indicated that the steak should have been removed from the freezer and placed in the refrigerator to thaw.</p> <p>There was no evidence the facility exercised safe handling procedures to prevent the potential growth of food borne organisms.</p> <p>2. The facility's Registered Nurse (RN) failed to implement procedures to prevent infection control while administering injections to Client #2.</p> <p>During medication administration on February 10, 2009, at approximately 8:00 PM, the RN was observed injecting Client #2's insulin without wearing gloves.</p> <p>Interview with the RN on February 10, 2009 at approximately 8:30 PM indicated that gloves should be worn when exposed to bodily fluids.</p>	W 455	<p>W455</p> <p>This Standard will be met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. The Home Manager will coordinate additional staff training for all staff on proper food preparation and thawing. Home Manager/QMRP will monitor staff during meal preparation and provide feedback as needed to ensure that they are exercising safe handling procedures to prevent the potential for growth of food borne organisms.</li> <li>2. According to the RN gloves are not required when administering an injection.</li> </ol> <p>The Director of Nursing will conduct periodic medication administration observations and provide feedback and direction as needed.</p>	2-18-09 engaw
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1 000	INITIAL COMMENTS  A recertification survey was conducted from February 10, 2009 through February 12, 2009. The survey was initiated using the fundamental survey process. A random sample of two residents was selected from a population of four males with various degrees of disabilities.  The findings of this survey were based on observations at the group, one day program, interviews with residents and staff at the group home and the day program, review of clinical and administrative records to include the facility's unusual incident reports.	1 000		
1 135	3505.5 FIRE SAFETY  Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each shift conducted a fire drill four times a year.  The finding includes:  Interview with the House Manager on February 12, 2009 at approximately 5:15 PM revealed that the staff schedules for the weekday and weekend shifts were as follows:  Day shift: 6:00 AM - 2:30 PM Evening shift: 2:00 PM to 10:30 PM Night shift: 10:00 PM to 6:30 AM  Review of the fire drill records on the same day and time revealed that fire drills were not	1 135	1135 3505.5 Fire Safety This Statute will be met as evidenced by:  Reference response to W455.	2/18/09

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE: *Mary Brown*

TITLE: *DRS*

DATE: *2/18/09*

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1135	<p>Continued From page 1</p> <p>conducted on the evening shift during the second quarter and the evening and night shift during the third quarter.</p> <p>Interview with the House Manager on February 12, 2009 at approximately 5:30 revealed that he did not have a set schedule of drills for the staff to follow; he "allows them to work it out." It should be noted that there were no drills conducted in the months of March 2008, April 2008, June 2008, and September 2008.</p> <p>There was no evidence that an evacuation drill was conducted on every shift of personnel at least quarterly.</p>	135		
1405	<p><b>3520.7 PROFESSION SERVICES: GENERAL PROVISIONS</b></p> <p>Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure professional services had been provided in accordance with each resident's needs, for two of the two residents in the sample. (Residents #1 and #2)</p> <p>The findings include:</p> <p>1. The facility failed to ensure Resident #1's was provided with his prescribed diet.</p> <p>Observation of lunch at Resident #1's day program on February 11, 2009 at approximately</p>	405	<p><b>1405</b></p> <p><b>3520.7 Profession Services: General Provisions</b></p> <p>Reference response to W120.</p>	<p>3.9.09 ongoing</p>

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1405	<p>Continued From page 2</p> <p>1:18 PM revealed he was served an 1800 calorie diet. Interview with the Qualified Mental Retardation Professional (QMRP) and verification of the physician's orders on February 11, 2009 at approximately 10:00 AM revealed that Resident #1 was prescribed a regular diet with added fiber. It was also observed by the QMRP and Nurse on February 12, 2009 at approximately 12:30 PM when Resident #1 returned to the facility with lunch that had been provided by the day program. Interview with the QMRP and nurse acknowledged that the day program was aware of the residents proper diet and that the diet provided by the day program was inconsistent with the diet ordered by the physician.</p> <p>2. The facility failed to ensure that day program followed Resident #2's prescribed diet and fluid restriction.</p> <p>On February 11, 2009 at 12:20 PM lunch observations were conducted at Resident #2's day program. Resident #2 was observed receiving chicken, mashed potatoes, mixed vegetables, whole wheat bread, fat free milk (8 ounces), applesauce, spinach salad and Boost glucose (nutritional supplement). At 12:30 PM, the client requested from the Supervisory Individual Program Plan (IPP) Coordinator a diet soda. Several minutes later, the Supervisory IPP Coordinator returned with a diet caffeine free cola. The resident consumed the entire soda.</p> <p>Interview with the Speech Pathologist on February 11, 2009 at approximately 1:00 PM revealed the resident had a mealtime protocol dated August 5, 2008. It was noted on the mealtime protocol, that the day program received the mealtime protocol on August 7, 2008. Further interview with the Speech Pathologist revealed</p>	1406		

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1405	<p>Continued From page 3</p> <p>another mealtime protocol was located in the lunch room dated January 2, 2009.</p> <p>Review of Resident #2's mealtime protocol dated January 2, 2009 on February 11, 2009 at 1:20 PM indicated no concentrated sweets, 2000 fluid restriction, no potatoes and etc. The lunch fluid restriction included Boost Glucose (8 ounces) and 1% fat milk (8 ounces).</p> <p>There was no evidence that Resident #2 was provided with his prescribed diet including his fluid restriction while at the day program.</p> <p>3. On February 11, 2009, at approximately 11:55 AM, Resident #1's day program was visited. At the time of the surveyor's arrival, the client was not present in the program. Interview with the day program staff revealed that the client had recently had an IPP on January 30, 2009. When asked what programs the client was working on, the day program staff indicated that Resident #1 was working on the goals from the previous year. He further indicated that the resident's new goals would be implemented March 1, 2009.</p> <p>Review of the resident's program documentation revealed that the client had an IPP goal that he would independently perform job related task for two hours and 30 minutes each day he was present by February 28, 2009. Further review of the program documentation revealed that the client achieved the objective on December 31, 2008.</p> <p>When asked to see the goals and objectives developed for the client during the Individual Habilitation Plan (IHP) meeting conducted on January 30, 2009, revealed that the goals were written exactly the same. Interview with the staff</p>	1405		

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1405	Continued From page 4  revealed that the same goals were carried over from the previous year. When asked to speak with the person who developed the IPP, the staff indicated that the person was not in the building at the time.  At the time of the survey, The QMRP failed to ensure Resident #1's newly formed goals an objectives were implement at the day program.	1405			
1422	<b>3521.3 HABILITATION AND TRAINING</b>  Each QMRP shall provide habilitation, training and assistance to residents in accordance with the resident 's Individual Habilitation Plan.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to residents in accordance with their Individual Habilitation Plan (IHP), for two of the two residents included in the sampls. (Residents #1 and #2)  The findings include:  1. The facility failed to implement Resident #1's Individual Program Plan (IPP) objectives as soon as the IDT formulated them.  On February 11, 2009 at approximately 3:10 PM, Resident #1 told the direct care staff that he wanted "to do my program now." Resident #1 and the staff went to the basement. The staff provided range of motion to Resident #1's legs, after which the client got on a stationary bike and with staff assistance began pedaling. After a few minutes, the resident indicated he was tired.  Review of Resident #1's IPP revealed that the	1422	<b>1422 3521.3 Habilitation and Training</b>  This Statute will be met as evidenced by:  Reference response to W242 and W249.	8.27.09  ongoing	

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1422	<p>Continued From page 5</p> <p>objective was written for the resident's previous IPP (2/13/08). The QMRP indicated that Resident #1 recently had his Individual Support Plan (ISP) on January 30, 2009 and that the new ISP goals and objectives would not be implemented until March 1, 2009.</p> <p>2. The facility failed to implement Resident # 2's Behavior Support Plan (BSP).</p> <p>On February 12, 2009 at 3:26 PM, Resident #2 was observed cursing at the staff, the staff replied, "watch your mouth."</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on February 12, 2009 at 4:00 PM revealed that all staff received training on Resident #2's BSP.</p> <p>Review of Resident #2's BSP dated February 14, 2008 on February 12, 2009 at 4:10 PM revealed the resident had maladaptive behaviors of verbal aggression, verbal threats and physical aggression. Further review of the BSP revealed the following procedures to address his behaviors:</p> <p>a. Every time the resident displays aggression the staff should ask the resident to calm down, and ask him to explain whatever is upsetting him without cursing or making threats. Staff should help the resident to think of an appropriate solution to his problem;</p> <p>b. After the resident has calmed down, staff should redirect him to an adaptive task and praise him for task performance and completion; and</p> <p>c. Staff should continue to monitor the resident to</p>	1422		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD08-0201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  02/12/2009
NAME OF PROVIDER OR SUPPLIER  INDIVIDUAL DEVELOPMENT, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018			
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1422	Continued From page 6 ensure that verbal aggression or verbal threats do not escalate to physical aggression.  There was no evidence that the facility implemented Resident #2's BSP as instructed.	1422			
1432	3521.7(c) HABILITATION AND TRAINING  The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:  (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care);  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure residents were effectively trained in dental hygiene, for one of the two residents included in the sample. (Resident #2)  The finding includes:  Observations at Resident #2's day program on February 11, 2009 at 12:15 PM revealed Resident #2 was observed taking out his dentures and eating a portion of his lunch. The resident was further observed running his tongue over his gums. Interview with the QMRP on February 11, 2009 at approximately 4:00 PM revealed that staff clean the resident's dentures using the cleaning solution. Review of the Resident #2's dental consultation dated February 11, 2009 on February 11, 2009 at 4:30 PM revealed the dentist recommended that the resident's dentures should be taken out and washed in denture solution, daily.	1432	1432 3521.7 Habilitation and Training  This Statute will be met as evidenced by:  Reference response to W242, W249 and W252.	2-27-09 ongoing	

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1432	Continued From page 7 There was no evidence that training was provided for Client #2 to be assisted in developing his skills in dental hygiene.	1432		
1436	<p>3521.7(f) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that its residents were afforded the opportunity to learn how to take part in their self medication program as required by this section and as evidenced below, for one of the two residents included in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>During the medication administration on February 10, 2009 at 4:45 PM, the Registered Nurse (RN) was observed punching Resident #2's medication from the bubble pack into a medication cup. The RN also poured a cup of water and handed the medication and water to the resident.</p> <p>Interview with the RN on February 10, 2009 at 5:00 PM revealed that the resident does not participate in a self medication program due to his functioning level. Observations throughout the survey revealed the Resident #2 was capable of feeding himself without assistance and following directives from staff.</p>	1436	<p>1436 3521.7 (f) Habilitation and Training:</p> <p>Reference response to W368 and W371.</p>	2/27/09 Ongoluh

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1436	Continued From page 8  Review of Resident #2's self medication assessment dated July 25, 2008 on February 11, 2009 at 10:00 AM revealed the following strengths:  - responds correctly to simple direction; - appropriately indicates pain/discomfort; and - takes medication with one prompts.  Further review of Resident #2's self medication administration assessment revealed the following recommendations:  - encourage resident to participate with self medication administration of oral medication at the maximum;  - level of participation (i.e. like getting his own fluid, pick up medication cup from nurse, swallow medication independently); and  - encourage resident to participate in the application of topical treatment when ordered.  According to the assessment Resident #2 was not approved for a self medication program. The reason indicated that the resident was inconsistent in responses at times.  At the time of the survey, there was no evidence that the resident was given the opportunity to participate in a self-medication program.	1436		
1500	3523.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal	1500	1500  3523.1 Resident's Rights  Reference response to W124.1, W124.2, W124.3, W125, W262, W263.	3/9/09 ongolan

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1500	<p>Continued From page 9</p> <p>laws.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure the rights of residents were observed and protected in accordance with D.C. Law 2-137 (Rights of Mentally Retarded Citizens), this chapter, and other applicable District and Federal Laws.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to establish a system that would ensure clients were informed of their risks and benefits of their medication. [See W124, 1]</li> <li>2. The facility failed to ensure that informed consent was obtained from Client #2 and/or his legal guardian prior to the administration of his psychotropic medications. [See W124, 2]</li> <li>3. The facility failed to provide evidence that revealed Client #2's legal guardian had been informed of sedation prior to administering them. [See W124, 3]</li> <li>4. The facility failed to ensure the rights as citizens of the United States. [See W125]</li> <li>5. The facility failed to ensure that Client #2's Behavior Management Plan (BMP), psychotropic medications and sedation were reviewed, and approved by the HRC. [See W262]</li> <li>6. The facility failed to ensure that written informed consent was obtained from Client #2's court appointed guardian prior to the administration of his psychotropic medications</li> </ol>	1500		

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1500	Continued From page 10 and Behavior Support Plan (BSP). [See W283]	1500		

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R 000	<p><b>INITIAL COMMENTS</b></p> <p>A recertification survey was conducted from February 10, 2009 through February 12, 2009. The survey was initiated using the fundamental survey process. A random sample of two residents was selected from a population of four males with various degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group, one day program, interviews with residents and staff at the group home and the day program, review of clinical and administrative records to include the facility's unusual incident reports.</p>	R 000		
R 125	<p><b>4701.5 BACKGROUND CHECK REQUIREMENT</b></p> <p>The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker had worked or resided within the seven (7) years prior to the check.</p> <p>The finding includes:</p> <p>Review of the personnel files on Febray 12, 2009 at 2:00 PM revealed the GHMRP failed to provide evidence of criminal background checks for one</p>	R 125	<p><b>R125 4701.5 Background Check Requirement</b></p> <p>The criminal background checks for staff #1 and the QMRP were faxed to the home on the day of the request. The Human Resource Director will ensure that all documents are on file at the time of the review to ensure ongoing compliance with this standard. The GHMRP continues to conduct criminal background checks for each prospective employee.</p>	2/13/09 ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]*

*[Handwritten Initials]*

DATE  
2-13-09

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R 125	Continued From page 1  direct care staff (Staff #1) and the Qualified Mental Retardation Professional.	R 125		