

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

PRINTED: 02/03/2009
FORM APPROVAL
OMB NO. 0938-03

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 01/22/2009
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NAME OF PROVIDER OR SUPPLIER CARECO	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 VERBENA STREET, NW WASHINGTON, DC 20012
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W 000	<p>INITIAL COMMENTS</p> <p>An initial certification survey was conducted from January 22, 2009 through January 23, 2009. The survey was initiated using the full survey process. A random sample of two clients was selected from a residential population of four female clients with varying degrees of disabilities.</p> <p>The findings of the survey were based on observations at the residence and two day programs. Also, the findings were based on client and staff interviews in both the group home and day programs, interview with one family member, as well as a review of habilitation and administrative records, including the facility's unusual incident reports.</p>	W 000	<p><i>Received 2/17/09</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p>	
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> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) objectives were documented consistently and accurately, for one of two clients included in the sample. (Client #1)</p> <p>The finding includes:</p> <p>Observations conducted on January 22, 2009 at 5:28 PM revealed Client #1 was verbally redirected by her 1:1 staff to stop cursing at staff and peers. At 5:31 PM, Client #1 was redirected</p>	W 252	<p>The QMRP or Residential Director, or Incident Management Coordinator or Director of Disability Services will inservice staff on proper data collection.</p> <p><i>2/13/09</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maureen A. Thompson</i>	TITLE <i>Director of Disability Services</i>	(X5) DATE: <i>2/13/09</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 30 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 252	Continued From page 1 again by her 1:1 staff to stop cursing at the evening medication nurse. Interview with Client #1's 1:1 staff at approximately 5:35 PM revealed that she had a Behavior Support Plan (BSP) to address her targeted behavior of verbal aggression, which included cursing. Review of Client #1's BSP dated October 26, 2008 on January 23, 2009 at approximately 10:06 AM revealed that staff was to record target behaviors on the data collection sheets by the end of each shift. Review of the data collection sheets at approximately 1:40 PM did not reflect Client #1's observed cursing episodes on January 22, 2009. Additional interview with the facility's House Manager on January 23, 2009 at approximately 1:45 PM, acknowledged that Client #1's 1:1 staff did not document, the cursing on the data collection sheets as required. There was no evidence that the data had been collected in accordance with the BSP for Client #1, which was necessary for a functional assessment of the client's progress.	W 252		
W 426	483.470(d)(3) CLIENT BATHROOMS The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that the temperature of the water did not exceed 110 degrees Fahrenheit. The finding includes:	W 426	Maintenance staff will reset the temperature on the water heater. Staff will collect data on the water temperature per Careco's policy.	2/28/09

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W 426	<p>Continued From page 2</p> <p>An environmental inspection was conducted on January 23, 2009 that revealed a water temperature of 118 degrees Fahrenheit in the kitchen and in two bathrooms (located on the main level), and 112 degrees Fahrenheit in the basement bathroom.</p> <p>Interview with facility's House Manager (HM) on January 23, 2009 at approximately 1:45 PM revealed that he would have to call the maintenance person to come and turn down the water heater. The HM further revealed that the maintenance person was scheduled to come to the facility sometime that evening. Continued discussion with the HM on January 23, 2009, revealed that it was the facility's policy to test the water temperature at the beginning of each shift. Review of the hot water temperature log however, failed to provide evidence that the hot water temperature was tested on that day.</p> <p>On January 26, 2009 at 8:48 AM, a follow up visit was conducted to confirm that the hot water temperature had been adjusted. According to the findings, the water temperature was noted as detailed below:</p> <ul style="list-style-type: none"> - The water temperature in the kitchen was 128.5 degrees Fahrenheit. - The water temperature in the bathroom closest to the kitchen was 125 degrees Fahrenheit. - The water temperature in the bathroom located at the end of the hallway was 119 degrees Fahrenheit. - The water temperature in the basement bathroom was 121 degrees Fahrenheit. 	W 426		
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W 426	<p>Continued From page 3</p> <p>A phone call was made to the facility's administrator on January 26, 2009 at approximately 9:07 AM to address the concern of the hot water temperatures. The administrator stated that he would phone the maintenance supervisor right away to rectify the issue. At 9:32 AM, the water temperature was noted as detailed below:</p> <ul style="list-style-type: none"> - The water temperature in the kitchen was 94 degrees Fahrenheit. - The water temperature in the bathroom closest to the kitchen was 96 degrees Fahrenheit. - The water temperature in the bathroom located at the end of the hallway was 97 degrees Fahrenheit. -The water temperature in the basement bathroom was 98 degrees Fahrenheit. <p>It should be further noted that review of the facility's water temperature log on January 26, 2009, failed to provide evidence that the water temperature had been tested on January 24 through the morning of January 26, 2009. At the time of the survey, the facility failed to ensure the water temperature did not exceed 110 degrees Fahrenheit.</p>	W 426		
W 455	<p>483.470(l)(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:</p>	W 455	<p>The RN Supervisor, Designated Nurse, QMRP, or Residential Director will train staff and clients on hand washing.</p>	2/28/09

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W-455	<p>Continued From page 4</p> <p>Based on observation and interview, the facility failed to ensure effective infection control procedures were implemented for all of the clients (Client #1, #2, #3, and #4) that resided in the facility.</p> <p>The finding includes:</p> <p>The facility failed to ensure that handwashing occurred prior to food consumption.</p> <p>Observation on January 22, 2009 at 5:35 PM revealed the clients (Client #1, #2, #3, and #4) at the table being served dinner (spinach, chopped hamburger, french fries, wheat bread, and mixed fruit cocktail). None of the clients were observed to be asked to or independently wash their hands prior to consuming their dinner. Interview with the direct care staff on the same day at approximately 5:55 PM confirmed that none of the clients had washed their hands prior to consuming their dinner.</p>	W 455		
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Health Regulation Administration

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1000	INITIAL COMMENTS A relicensure survey was conducted from January 22, 2009 through January 23, 2009. The survey was initiated using the full survey process. A random sample of two residents was selected from a residential population of four females with varying degrees of disabilities. The findings of the survey were based on observations at the residence and two day programs. Also the findings were based on client and staff interviews in both the group home and day programs, interview with one family member, as well as a review of habilitation and administrative records, including the facility's unusual incident reports.	1000		
1090	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: 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. The finding includes: An environmental walk-through on January 23, 2009 at beginning at 2:30 PM revealed the following. 1. The room that contained the furnace and hot	1090	1. Maintenance staff will remove the containers of paint.	2/13/09

Health Regulation Administration

Manisha S. Swain
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Director of Disability Services
 0G5611
 2/13/09

(X4) DATE

STATE FORM

If continuation sheet

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I 090	Continued From page 1 water heater was observed containers of paint. Interview with the house manager on the same day at approximately 3:00 PM verified that the paint should not be stored in the room. 2. On January 23, 2009, two of the five dining chairs had arm rests that were observed to be loose. Interview with the House Manager on January 23, 2009 acknowledged the arm rests for the chairs needed be tightened.	I 090	2. Maintenance will tighten the arm rests that are loose.	2/28/09
I 095	3504.6 HOUSEKEEPING Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that cleaning agents were stored in a locked cabinet and out of direct reach of each resident. The finding includes: Observation and interview with the House Manager during the environmental walk through on January 23, 2009 revealed the following: a. Clorox, Tilex (Mold and Mildew), and Pinosol were stored underneath the kitchen sink. b. Clorox, bleach, and washing detergent were observed on the shelf in the laundry room. c. Disinfectant was observed in the bathroom located across from the kitchen.	I 095	The QMRP or Residential Director will ensure that poisons and caustic agents are locked and out of direct reach of each resident.	2/25/09
I 185	3506.5(b) ADMINISTRATIVE SUPPORT	I 185	The Organizational Chart will be corrected and posted in the policy book.	2/25/09

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I 185	Continued From page 2 Each GHMRP shall have an organization chart that shows the following: (b) The personnel in charge of the program components; This Statute is not met as evidenced by: Based on interview and review, the GHMRP failed to provide an organizational chart reflecting the changes in the components of the agency's staffing structure. The finding includes: Review of the agency's policy and procedure manual on January 22, 2009 at approximately 3:00 PM failed to evidence an organization chart that reflected the changes in the components of the agency's staffing structure and lines of authority. For example, the names of the Qualified Mental Retardation Professionals (QMRP) documented on the chart did not accurately reflect the actual QMRP's employed by the agency. Additionally, the name documented for the Incident Management Coordinator was not accurate. Interview with the facility's House Manager on January 23, 2009 at approximately 12:00 PM acknowledged that the current organization chart did not reflect the most recent changes.	I 185			
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the	I 203	The QMRP will discuss job descriptions with each employee upon initial employment and annually thereafter per Careco's policy.	2/28/09	

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I 203	Continued From page 3 supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Interview with the House Manager and review of the GHMRP's personnel files on January 23, 2009, revealed the GHMRP failed to provide evidence that five direct care staff had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter.	I 203		
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 all staff had current health certificates on file. The finding includes: Interview with the House Manager and review of the personnel files on January 23, 2009 at 12:37 PM revealed the GHMRP failed to provide evidence of current health certificates for one direct care staff and five consultants. (Supervisory RN, and 1 licensed practical nurse, social worker, pharmacist, and nutritionist)	I 206	The Human Resources Director will ensure that current health certificates are on file for each employee and consultant.	2/28/09

