

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

Received
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
REGISTRATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

PRINTED: 08/16/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G162	(X2) MULTIPLE BUILDING A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED R 08/11/2009
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NAME OF PROVIDER OR SUPPLIER METRO HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 4424 20TH STREET, NE WASHINGTON, DC 20019
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{W 000}	INITIAL COMMENTS A monitoring survey was conducted on 8/7/2009 to assess the facility's level of compliance with the revisit completed on 2/17/2009. A random sample of three clients was selected from a residential population of five clients (three females and two males) with mental retardation and other disabilities. The results of the monitoring were based on staff interviews, as well as a review of client and administrative records, including unusual incident reports.	{W 000}	W 159 1. The staff were trained on the client's self medication administration program and the WTP was revised to address the client's ability and the objective was changed. In the future the RN and QMRP will ensure that all staff are trained in clients' self med programs as this will be included as part of the HMCP. 2. The staff were re trained in the mealtime protocol. In the future the QMRP will ensure that all staff are trained in each individual's diet needs at least twice a year and when the diet changes.	8/31/09
{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 interview and record verification, the Qualified Mental Retardation Professional (QMRP) failed to ensure the coordination of services for one of the four clients in the sample. (Client #1) The findings include: 1. The facility's QMRP failed to ensure staff received training to address the implementation of a client's self-medication program. [See W189] 2. The facility's QMRP failed to ensure staff received training to address the implementation of a client's meal-time feeding protocol. [See W189]	{W 159}	3. The self medication program was revised to address the individual's current needs and the objective was changed. All staff and TMEs were in serviced on the new program. In the future the QMRP and the RN will ensure that all individuals have a comprehensive functional assessment completed and all program objectives fit the individuals' needs and capability. See attached - mealtime protocol training record, self medication administration program training record, revised self medication assessments and programs	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Edward J. Golan* TITLE: *V Operations* (X8) DATE: *9/2/09*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{W 159}	Continued From page 1	{W 159}			
W 189	<p>3. The facility's QMRP failed to ensure the revising of a self-medication objective to address a client's needs as identified by the interdisciplinary team (IDT) in the Comprehensive Functional Assessment (CFA). [See W227]</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on staff interviews and record review, the facility failed to ensure staff received the proper and necessary training as required for two of four sampled clients.</p> <p>The findings include:</p> <p>1. The facility was previously cited during the 2/17/2009 revisit for failing to serve Client #1's food in a form consistent with the prescribed textures.</p> <p>The facility's Plan of Correction (POC) dated 3/19/2009 outlined that by 2/28/2009, all staff would have been retrained on the meal-time feeding protocol.</p> <p>Interview with the facility's QMRP and record review on 8/7/2009 at approximately 12:15 p.m. revealed, the facility failed to ensure five (5) out of fourteen (14) currently employed staff received training on the meal-time feeding protocol as outlined in the 3/19/2009 POC.</p>	W 189	<p>W 189</p> <p>1. All staff were trained in the individual's mealtime protocol. In the future the QMRP and the RN, Nutritionist will ensure that all staff are present during in services to enable all staff to perform their duties effectively.</p> <p>2. The self medication program was revised to address the individual's current needs and the objective was changed. All staff and TMEs were in serviced on the new program.</p> <p>In the future the QMRP and the RN will ensure that all individuals have a comprehensive functional assessment completed and all program objectives fit the individuals' needs and capability. See attached – mealtime protocol training record, self medication administration program training record, revised self medication assessments and programs</p>	8/31/09	

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W 189	Continued From page 2 The facility failed to ensure all staff were trained on the meal-time feeding protocols as identified in their plan of correction and as cited in W474 of the 2/17/2009 deficiency report. 2. The facility was previously cited during the 2/17/2009 revisit for failing to ensure that an objective was developed for Client #4 to address the self-medication training and program needs identified by the interdisciplinary team (IDT). The facility's Plan of Correction (POC) dated 3/19/2009 outlined that by 2/28/2009, the self-medication program would be re-written and Trained Medication Employees (TME's) would have been in-serviced. Interview with the facility's QMRP and record review on 8/7/2009 at approximately 11:30 a.m. revealed, there was no evidence on file to validate that the TME's received any training as identified on the 3/19/2009 POC. The facility failed to ensure all staff was trained on the self-medication program(s) as identified in their plan of correction and as cited in W227 of the 2/17/2009 deficiency report.	W 189			
{W 227}	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on interview and record review, the	{W 227}			

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{W 227}	Continued From page 3 facility's QMRP failed to ensure the revising of a self-medication objective to address a client's need as identified by the interdisciplinary team (IDT) in the Comprehensive Functional Assessment (CFA) for one of five clients residing in the facility. (Client #4) The finding includes: The facility was previously cited during the 2/17/2009 revisit for failing to ensure that an objective was developed to address self-medication training program needs identified by the interdisciplinary team (IDT), for one (Client #4) of the five clients residing in the facility. The facility's Plan of Correction (POC) dated 3/19/2009 outlined that by 2/28/2009, the self-medication program would be re-written and TMEs would have been in-serviced. Interview with the facility's QMRP and record review on 8/7/2009 at approximately 11:30 a.m. revealed, there was no evidence on file to validate that the self-medication programs were re-written as identified on the POC. The self-medication programs appeared unchanged since 2/2/2009. The facility failed to ensure all staff received the proper and necessary training to ensure the proper implementation of a client's self-medication program and as cited in W227 of the 2/17/2009 revisit.	{W 227}	W 227 Refer to W 189-2		
{W 474}	483.480(b)(2)(iii) MEAL SERVICES Food must be served in a form consistent with the developmental level of the client.	{W 474}			

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NAME OF PROVIDER OR SUPPLIER

METRO HOMES

STREET ADDRESS, CITY, STATE, ZIP CODE

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WASHINGTON, DC 20019

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{W 474}

Continued From page 4
This STANDARD is not met as evidenced by:
Based on staff interviews and record review, the facility failed to ensure foods are served in a form consistent with the prescribed textures, for one of the three sampled clients. [Client #1]

The finding includes:

The facility was previously cited during the 2/17/2009 revisit for failing to serve foods in a form consistent with prescribed textures, for one of the three clients [Clients #1] in the sample. The facility failed to ensure staff received training to effectively implement a client's meal-time feeding protocol and to address the corrective measures outlined in the 3/19/2009 Plan of Correction (POC). [See W159]

{W 474}

W 474
Refer to W 159, W 189

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/11/2009
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NAME OF PROVIDER OR SUPPLIER METRO HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 4424 20TH STREET, NE WASHINGTON, DC 20019
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{1 000}	<p>INITIAL COMMENTS</p> <p>A monitoring survey was conducted on 8/7/2009 to assess the facility's level of compliance with the revisit completed on 2/17/2009.</p> <p>A random sample of three residents was selected from a residential population of five residents (three females and two males) with mental retardation and other disabilities.</p> <p>The results of the monitoring were based on staff interviews, as well as a review of resident and administrative records, including unusual incident reports.</p>	{1 000}		
{1 229}	<p>3510.5(f) STAFF TRAINING</p> <p>Each training program shall include, but not be limited to, the following:</p> <p>(f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and competently for five of fourteen records reviewed.</p> <p>The finding includes:</p> <p>The facility was previously cited during the 2/17/2009 revisit for failing to serve Resident #1's food in a form consistent with the prescribed textures.</p>	{1 229}	<p>I 229 Refer to W 159, W 189</p>	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Swan T. Sloan

TITLE
VP Operations
DATE
9/2/09

STATE FORM

4899 OK0713

If continuation sheet 1 of 4

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{ I 229 }	Continued From page 1 The facility's Plan of Correction (POC) dated 3/19/2009 outlined that by 2/28/2009, all staff would have been retrained on the meal-time feeding protocol. Interview with the facility's QMRP and record review on 8/7/2009 at approximately 12:15 p.m. revealed, the facility failed to ensure five (5) out of fourteen (14) currently employed staff received training on the meal-time feeding protocol as outlined in the 3/19/2009 POC. The facility failed to ensure all staff were trained on the meal-time feeding protocols as identified in their plan of correction and as cited in W474 of the 2/17/2009 deficiency report.	{ I 229 }		
I 230	3510.5(g) STAFF TRAINING Each training program shall include, but not be limited to, the following: (g) Habilitation planning and implementation; This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure that each employee was provided with initial and continuing training to address a resident's needs in the area of self-medicating for one of five sampled residents. [Resident #4] The findings include: The facility was previously cited during the 2/17/2009 revisit for failing to ensure that an objective was developed for Resident #4 to address the self-medication training and programmatic needs identified by the	I 230	I 230 Refer to W 227	

Health Regulation Administration
STATE FORM

6899

OK0713

If continuation sheet 2 of 4

Health Regulation Administration

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I 230	Continued From page 2 interdisciplinary team (IDT). The facility's Plan of Correction (POC) dated 3/19/2009 outlined that by 2/28/2009, the self-medication program would be re-written and TMEs would have been in-serviced on Resident #4's revised self-medication program. Interview with the facility's QMRP and record review on 8/7/2009 at approximately 11:30 a.m. revealed, there was no evidence on file to validate that the any of the TMEs received training on Resident #4's self-medication program as identified on the 3/19/2009 POC. The facility failed to ensure all staff was trained on the self-medication program(s) as identified in their plan of correction and as cited in W227 of the 2/17/2009 deficiency report.	I 230		
{I 436}	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (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); This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that an objective was developed to address self medication training program needs identified by the interdisciplinary team (IDT) for one of five residents residing in the facility. (Resident #4) The finding includes:	{I 436}	I 436 The self medication program was revised to address the individual's current needs and the objective was changed. All staff and TMEs were in serviced on the new program. In the future the QMRP and the RN will ensure that all individuals have a comprehensive functional assessment completed and all program objectives fit the individuals' needs and capability. Refer to W159, W189, W227	8/31/09

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{1 436}	Continued From page 3 The facility was previously cited during the 2/17/2009 revisit: for failing to ensure that an objective was developed to address self-medication training program needs identified by the interdisciplinary team (IDT), for one of the four residents residing in the facility. The facility's Plan of Correction (POC) dated 3/19/2009 outlined that by 2/28/2009, the self-medication program would be re-written and TMEs would have been in-serviced. Interview with the facility's QMRP and record review on 8/7/2009 at approximately 11:30 a.m. revealed, there was no evidence on file to validate that the self-medication programs were re-written as identified on the POC. The self-medication programs appeared unchanged since 2/2/2009. The facility failed to ensure all staff received the proper and necessary training to ensure the proper implementation of a resident's self-medication program and as cited in W227 of the 2/17/2009 revisit.	{1 436}			