

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

PRINTED: 12/09/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/25/2008
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NAME OF PROVIDER OR SUPPLIER  CMS	STREET ADDRESS, CITY, STATE, ZIP CODE 2836 MYRTLE AVENUE NE WASHINGTON, DC 20018
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W 000	<p><b>INITIAL COMMENTS</b></p> <p>A recertification survey was conducted from November 24, 2008 through November 25, 2008. The survey was initiated using the fundamental survey process. A random sample of two clients was selected from a population of four females with various degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group home, two day programs, interviews with the group home and day program staff, and review of clinical and administrative records to include the facility's unusual incident and investigative reports.</p>	W 000	<p><i>Received 12/19/08</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 148	<p><b>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &amp;</b></p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to notify parents or guardians of significant incidents for one of the four clients residing in the facility. (Client #3)</p> <p>The finding includes:</p> <p>Review of the facility's incident reports on November 24, 2008 at approximately 9:30 AM revealed an incident dated May 7, 2008. According to the incident, Client #3 was observed with bruises on the right side of her abdomen and buttocks. Further review of the incident report form failed to show evidence that the Client's</p>	W 148	<p>In the future, the QMRP/ Manager will notify Client #3's guardian of all incidents within 24 hours.</p>	12/12/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Courtney A. Reese* TITLE: *Program Director* (X5) DATE: *12-18-08*

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 148	Continued From page 1 guardian was notified of the incident. Interview with the Qualified Mental Retardation Professional on November 25, 2008 at approximately 3:30 PM, acknowledged the lack of evidence indicating the guardian had been notified of the incident.	W 148		
W 193	483.430(e)(3) STAFF TRAINING PROGRAM  Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.  This STANDARD is not met as evidenced by: Based on observations, staff interview and record verification, the facility's staff failed to demonstrate the skills and techniques necessary to implement each client's Behavior Support Plan (BSP), for one of the two clients in the sample. (Client #2)  The finding includes:  On November 24, 2008 at 9:00 AM, Client #2 was observed biting her left hand and overheard screaming. At 9:05 AM, Client #2 could be heard screaming in a loud and piercing sound. At 9:08 AM, Client #2 was heard screaming, again. The House Manager (HM) was overheard saying to the client, "stop screaming" and the client pushed the HM away from her.  On November 24, 2008 at 4:05 PM, Client #2 was observed sitting in the living room, listening to the radio. At 4:08 PM, Client #2 was overheard screaming. The direct care staff was attempting to take the client on a community walk. At 4:18 PM, Client #2 was screaming and the HM said, "stop screaming" and asked the client what she	W 193	The facility's Psychologist and Behavior Specialist will provide additional training to staff on Client #2's Behavior Support Plan.	1/2/09

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W 193	<p>Continued From page 2</p> <p>wanted, the client replied, "I want soda." The HM was observed taking the client to the refrigerator and the client selected, a regular soda. The client was observed drinking the soda. Immediately after the client drank the soda, she began screaming again. On November 24, 2008 at 4:24 PM, Client #2 was heard screaming and observed biting the back of her left hand. The HM said, "stop screaming" and asked the client what she wanted, the client replied, "I want soda." The HM was observed taking the client to the refrigerator and the client selected, a regular soda. The HM stated to the client, "you just had soda, I will give you some apple juice". Within minutes, the client was observed drinking a 12 ounce cup of apple juice.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on November 24, 2008 at 5:00 PM revealed that Client #2 had a BSP to address screaming and self injurious behaviors (SIB). Record review on November 25, 2008 at 10:00 AM revealed Client #2's Behavior Support Plan (BSP) dated November 17, 2008. The BSP recommended the following proactive treatment strategies to prevent target behaviors of screaming and SIB:</p> <ul style="list-style-type: none"> <li>- Provide client with constructive activities.</li> <li>- Staff should stop what they are doing and provide the client with undivided attention and supervision for at least a few minutes. (The point is to divert the client totally from the escalating behaviors).</li> <li>- If the client's screaming is judged to be attention seeking, staff will ignore the screaming completely.</li> </ul>
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W 193	
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W 193	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Staff must give the client something else to do.</li> <li>- Staff will not ever respond in anyway to the screaming. Staff will not ask or tell the client to stop screaming and staff will not console her, bargain with her, threaten her, or explain things to her, etc.</li> <li>- If the client keeps screaming, staff should look away or pay attention to another client who is not screaming.</li> <li>- Staff will, on the other hand, redirect her to an expected behavior about once per minute.</li> <li>- When the screaming stops, then staff will wait about 30 seconds and then reward the correct, expected behavior.</li> </ul> <p>The aforementioned interventions were not observed being implemented when Client #2 was observed repeatedly screaming and engaged in SIB. Further interview with the facility's Qualified Mental Retardation Professional (QMRP) on November 25, 2008 at approximately 10:00 AM confirmed that the HM didn't effectively implement the proactive strategies outlined in Client #2's BSP.</p> <p>Review of the staff training records on November 25, 2008 at approximately 1:30 PM revealed that all staff signed and received training on Client #2's BSP. There was no evidence that training was successful.</p>	W 193		
W 212	<p>483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The comprehensive functional assessment must identify the presenting problems and disabilities</p>	W 212	<p>The Psychiatrist will provide a comprehensive funtional assessment for Client #2.</p>	12/31/08

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W 212	<p>Continued From page 4 and where possible, their causes.</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 that received psychotropic medications had a psychiatric assessment, for one of the two clients in the sample. (Client #2)</p> <p>The finding includes:</p> <p>Observation of the morning medication administration on November 24, 2008 at 8:00 AM, revealed Client #2 received Chlorpromazine HCL 30 mg and Clonazepam 1 mg. Interview with the nursing staff on November 24, 2008 at approximately 8:20 AM, revealed that the medication was prescribed for behavior management. Review of the client's physicians orders on November 24, 2008 at approximately 10:00 AM, revealed that Chlorpromazine HCL 30 mg and Clonazepam 1 mg were incorporated in a Behavior Support Plan (BSP) dated November 17, 2008, to address behaviors associated with screaming and aggression.</p> <p>Review of Client #2's medical evaluation dated December 7, 2007 on November 25, 2008 at approximately 10:00 AM, revealed that the psychotropic medications were prescribed to address behaviors associated with a diagnosis of Intermittent Explosive Disorder.</p> <p>Further review of the client's medical record revealed no documented evidence of a psychiatric assessment.</p>	W 212		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN	W 227		

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W 227	<p>Continued From page 5</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on interview, and the record review, the facility failed to ensure that Client #1's Individual Program Plan (IPP) included objectives to address targeted behaviors.</p> <p>The finding includes:</p> <p>On November 24, 2008 at 10:40 AM, the House Manager (HM) informed the surveyor that Client #2 drank a cup of coffee, earlier that morning. At 4:23 PM, the HM was observed serving Client #2 a snack of cookies and then left the dining room. At 4:26 PM, the client was observed to go into the kitchen, pick up the cookie jar and dump approximately two cups of cookies, onto her napkin. The client was observed putting the cookie jar back into the kitchen and sat down and began eating the cookies. At 5:55 PM, Client #2 was observed getting a bottle of soda off of the fireplace mantle and going into the bathroom. At 5:59 PM, an empty bottle of soda was observed in the bathroom trash can.</p> <p>Interview with the HM and Qualified Mental Retardation Professional (QMRP) on November 25, 2008 at approximately 10:00 AM, revealed that Client #2 had behaviors of food stealing. Review of Client #2's BSP on November 26, 2008 at 10:30 AM dated November 17, 2008 revealed targeted behaviors of screaming, self stimulating self-injurious behaviors and aggression.</p>	W 227	The BSP and IPP will be reviewed and revised to address behaviors of food stealing.	12/31/08	

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W 227	Continued From page 5  Record review of Client #2's quarterly psychological assessment dated October 9, 2008 on November 25, 2008 at approximately 11:00 AM revealed target behaviors of stealing food. According to the quarterly psychologist review, the client displayed targeted behaviors of food stealing, over the past quarter (July 2008 - September 2008), an average of 31 incidents per month. Further review of the BSP or IPP revealed no program goal or objective to address behaviors of food stealing.	W 227		
W 322	483.460(a)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure general and preventative care services, for two of two clients included in the sample. (Clients #1 and #2)  The findings include:  1. The facility failed to have evidence that recommendations made by the pharmacist were addressed by the Primary Care Physician (PCP) for Client's #1 and #2.  a. Review of Client #1's medical record on November 24, 2008 at approximately 2:30 PM revealed on November 13, 2008, the pharmacist recommended that the client's prolactin blood levels be evaluated. The pharmacist requested the clients blood levels repeatedly since August 21, 2007. Review of the available lab values on	W 322	1. The primary care physician will review and address all recommendations made by the pharmacist for Client #1 and #2.	12/31/08

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W 322	<p>Continued From page 7</p> <p>November 24, 2008, failed to evidence a prolactin level was obtained. Interview with the facility's Registered Nurse (RN) on November 25, 2008, at approximately 1:45 PM revealed that recommendations made by the pharmacy consultant were forwarded to the main office for the PCP to review. There was no evidence in the record that the PCP acknowledged the recommendation.</p> <p>b. Observation of the morning medication administration on November 24, 2008 at 8:00 AM revealed Client #2 received Chlorpromazine HCL 30 mg. Interview with the nursing staff on November 24, 2008 at 8:20 AM revealed that the medication was prescribed for behavior management. Review of the client's medical record revealed a pharmacy review dated November 3, 2008. The pharmacist made a recommendation to the Primary Care Physician to evaluate the client's Chlorpromazine HCL due to an elevated Prolactin level. Further review of the client's medical record revealed no evidence that the physician addressed the pharmacist's recommendation.</p> <p>2. The facility failed to address Client #2's elevated lipid panel lab results.</p> <p>Review of Client #2's medical record on November 25, 2008 at 10:20 AM revealed elevated cholesterol levels over 200 dated December 13, 2007. The LDL level was 111. The LDL range is 0-99. According to the Quarterly Nutrition Assessment dated April 11, 2008, the client had significant biochemical findings including a cholesterol level of 213. There was a recommendation by the Nutritionist to address the elevated levels. However, there</p>	W 322	2. The primary care physician will review and address all recommendations made by the nutritionist.	12/31/08	

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W 322	Continued From page 8 was no evidence that the primary care physician addressed the elevated lipid levels.	W 322		

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1 000	INITIAL COMMENTS  A licensure survey was conducted from November 24, 2008 through November 25, 2008. The survey was initiated using the fundamental survey process. A random sample of two residents was selected from a population of four females with various degrees of disabilities.  The findings of this survey were based on observations at the group home, two day programs, interviews with the group home and day program staff, and review of clinical and administrative records to include the facility's unusual incident and investigative reports.	1 000		
1 058	3502.16 MEAL SERVICE / DINING AREAS  A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her individual Habilitation Plan.  This Statute is not met as evidenced by: Based on record review, the facility failed to ensure that one of the three residents with modified diets had been reviewed at least quarterly by the consulting dietitian. (Resident #1)  The finding includes:  Review of Resident #1's current physician orders on August 28, 2008 revealed a diet order of regular, high calories snacks between meals. Further review of the medical records revealed a Nutrition assessment dated March 26, 2008. The record failed to show evidence that the resident's	1 058	In the future, a nutritional assessment will be completed quarterly for Client #1.	12/31/08

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1058	Continued From page 1  modified diet had been reviewed by the dietitian, quarterly.	1058		
1206	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 interviews and record review, the facility failed to achieve compliance with State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6).  The finding includes:  The State regulatory agency conducted a review of personnel records on November 25, 2008, at which time there was no evidence of current health certificates on file for Staff #1, #4, #6, #7, #8, #9, #10, primary care physician, speech pathologist, and social worker.	1206	All employees and consultants will have current health certificates in their personnel file.	12/31/08
1227	3510.5(d) STAFF TRAINING  Each training program shall include, but not be limited to, the following:  (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;	1227	Staff #4, #6, and #7 will be trained in CPR and staff #4 and #7 will be trained in First Aid.	12/23/08

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1227	Continued From page 2  This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current training in CPR and first aid for all employees.  The finding includes:  Review of the training records on November 25, 2008 revealed the GHMRP failed to evidence documentation of staff training in cardiopulmonary resuscitation (CPR) for Staff #4, #5 and #7 and First Aid for Staff #4 and #7.	1227		
1271	3513.1(b) ADMINISTRATIVE RECORDS  Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records:  (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request;  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of personnel records for all staff.  The finding includes:  Review of the GHMRP's personnel files on November 24, 2008, revealed the GHMRP failed to provide evidence of personnel records for one nurse (Staff #7).	1271	The QMRP will obtain personnel records for staff #7.	11/25/08
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS	1401		

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I 401	Continued From page 3  Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.  This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure evaluations were conducted for one of the two residents included in the sample. (Resident #2)  The findings include:  Observation of the morning medication administration on November 24, 2008 at 8:00 AM, revealed Resident #2 received Chlorpromazine HCL 30 mg and Clonazepam 1 mg. Interview with the nursing staff on November 24, 2008 at approximately 8:20 AM, revealed that the medication was prescribed for behavior management. Review of the client's physicians orders on November 24, 2008 at approximately 10:00 AM, revealed that Chlorpromazine HCL 30 mg and Clonazepam 1 mg were incorporated in a Behavior Support Plan (BSP) dated November 17, 2008, to address behaviors associated with screaming and aggression.  Review of Resident #2's medical evaluation dated December 7, 2007 on November 25, 2008 at approximately 10:00 AM, revealed that the psychotropic medications were prescribed to address behaviors associated with a diagnosis of Intermittent Explosive Disorder.  Further review of the resident's medical record revealed no documented evidence of a	I 401	Cross reference W212	12/31/08

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/25/2008
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1401	Continued From page 4 psychiatric assessment.	1401		
1438	<p>3521.7(h) 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>(h) Interpersonal and social skills (including sharing, courtesy, cooperation, responsibility and age-appropriate and culturally normative social behaviors and relationships involving peers of the same and different sex, younger and older persons and person in authority);</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure training for socially appropriate behaviors were developed from each resident's comprehensive functional assessment, for one of the two residents included in the sample. (Resident #2)</p> <p>The findings includes:</p> <p>On November 24, 2008 at 10:40 AM, the House Manager (HM) informed the surveyor that Resident #2 drank a cup of coffee, earlier that morning. At 4:23 PM, the HM was observed serving Resident #2 a snack of cookies and then left the dining room. At 4:26 PM, the resident was observed to go into the kitchen, pick up the cookie jar and dump approximately two cups of cookies, onto her napkin. The resident was observed putting the cookie jar back into the kitchen and sat down and began eating the cookies. At 5:55 PM, Resident #2 was observed getting a bottle of soda off of the fireplace mantle and going into the bathroom. At 5:59 PM, an empty bottle of soda was observed in the</p>	1438	Cross reference W227	12/31/08

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1438	<p>Continued From page 5</p> <p>bathroom trash can.</p> <p>Interview with the HM and Qualified Mental Retardation Professional (QMRP) on November 25, 2008 at approximately 10:00 AM, revealed that Resident #2 had behaviors of food stealing. Review of Resident #2's BSP on November 25, 2008 at 10:30 AM dated November 17, 2008 revealed targeted behaviors of screaming, self stimulating self-injurious behaviors and aggression.</p> <p>Record review of Resident #2's quarterly psychological assessment dated October 9, 2008 on November 25, 2008 at approximately 11:00 AM revealed target behaviors of stealing food. According to the quarterly psychologist review, the resident displayed targeted behaviors of food stealing, over the past quarter (July 2008 - September 2008), an average of 31 incidents per month. Further review of the BSP or IPP revealed no program goal or objective to address behaviors of food stealing.</p>	1438		

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R 000	INITIAL COMMENTS  A licensure survey was conducted from November 24, 2008 through November 25, 2008. The survey was initiated using the fundamental survey process. A random sample of two residents was selected from a population of four females with various degrees of disabilities.  The findings of this survey were based on observations at the group home, two day programs, interviews with the group home and day program staff, and review of clinical and administrative records to include the facility's unusual incident and investigative reports.	R 000		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT  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.  This Statute is not met as evidenced by: Based on the review of records, 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 has worked or resided within the seven (7) years prior to the check.  The finding includes:  Review of the personnel files on November 25, 2008 revealed the GHMRP failed to provide evidence of criminal background checks for three	R 125	The facility will obtain criminal background checks for staff #2, #4, and #6.	12/31/08

Health Regulation Administration  
*Laustane A. Reese - Program Director*  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X5) DATE  
12/18/08

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R 125	Continued From page 1 staff (Staff #2, #4 and #6).	R 125		