

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2010
NAME OF PROVIDER OR SUPPLIER NEIGHBORS CONSEJO INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 1622 LAMONT STREET, NW WASHINGTON, DC 20010		
(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 CROSSREFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 000	Initial Comments A licensure survey was conducted on May 27, 2010. The findings of the survey was based on observations of the Community Residential Facility (CRF), interviews with the administrative staff, residents, as well as a review of clinical and administrative records. Seven residents were selected from a resident population of seven. A thorough environmental inspection was completed and determined there were no significant deficiencies noted that would life threatening to the residents and/or staff.	D 000			
D 200	3400.2(e) General Provisions (e) The supervision of the community residence facility's sanitation, safety, (laundry, and dietary standards and services, and of its services relating to the health, education, and welfare of its residents; This CONDITION is not met as evidence by: Based on observation, interview and record review, revealed the facility failed to ensure there was supervision of the facility's environment and safety. The facility also failed to ensure that the staff was trained medication employees prior to administering medication to three of seven residents (Residents #3, #5, and #7) residing in the facility. The findings include: During the inspection of the environment on May 27, 2010, beginning at 10:40am, observation of the facility revealed the following concerns:	D 200			

HEALTH REGULATION ADMINISTRATION
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE **Executive Director**

(X6) DATE **7/15/10**

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2010
NAME OF PROVIDER OR SUPPLIER NEIGHBORS CONSEJO INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 LAMONT STREET, NW WASHINGTON, DC 20010		
(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 CROSSREFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 200	Continued From page 1 Kitchen: 1. The kitchen floor was soiled and had tiles missing adjacent to the kitchen sink. 2. The back door had broken window pane. A piece of cardboard had been taped over the area where the pane was missing. Interview with the case manager revealed plans had been made to replace the window pane. Living Room: The living room rug was soiled. Bathroom: The shower door was off the track in the bathroom located on the second floor. Bedrooms: 1. Bedroom #2 was observed with an air conditioner unit the window. A sweat shirt was stuck in the open space on one side of the air conditioner and a tote was bag stuck on the other side in the open space. 2. Bedroom #3's door lock was broken. Additionally, the knob to the door was missing. Continued observation of the bedroom revealed the room was cluttered with trash bags that were filled with the resident's clothing. There was a bath towel draped across one of the resident's belongings on his dresser. The bedroom window was wide opened and noted not to have a window screen. At the time of the survey, the facility failed to ensure there was supervision of the facility's sanitation and safety.	D 200	1. Missing, old and damaged tiles in kitchen will be replaced. 2. Kitchen back door window pane will be replaced. Living room rug will be replaced for a new one. Shower door will be repaired with new tracks and the door will be properly aligned. 1. The AC in bedroom #2 will be replaced with a new AC to fit appropriately to the size of the window making sure sides are properly covered. 2. Door lock on bedroom #3 will be replaced, door knob is functioning properly. Monitors will complete a walk thru of the facility and rooms each morning to ensure rooms are clutter free and clean. All bedroom windows will have screens installed. July 9 th , 2010: Daily monitor visits to ensure safety and sanitation.	July 9 th , 2010: July 9 th , 2010: July 9 th , 2010: July 9 th , 2010: July 9 th , 2010:

HEALTH REGULATION ADMINISTRATION

TITLE

(X6) DATE

STATE FORM

6899

DRYX11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2010
NAME OF PROVIDER OR SUPPLIER NEIGHBORS CONSEJO INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 LAMONT STREET, NW WASHINGTON, DC 20010		
(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 CROSSREFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 200	Continued From page 2 3. Interview with the case manager on May 27, 2010, beginning at 10:14am, revealed that she administers medications to Residents #3, #5 and #7. According to the case manager, she administers the medications at 7:30am. Continued interview with the case manager revealed she hands the pills to the aforementioned residents from their individual bottles. The surveyor questioned the case manager to ascertain information as to whether she was licensed to administer medication. The case manager informed surveyor that she was not a licensed trained medication employee (TME).	D 200	Medical Director, Psychiatrist, will ensure that all processes of administering medications fall under all regulations.	July 9 th , 2010:
D 450	3402.3 Personnel All persons employed in a community residence facility shall have a pre-employment medical examination by licensed physician and shall be certified annually by the examining physician to be in good health and free of communicable diseases as defined in chapter 2 of this title. This CONDITION is not met as evidence by: Based on record review, the Community Residential Facility (CRF) failed to provide evidence of medical examinations for four (4) of the thirteen (13) personnel records reviewed. (Staff #8, #9, #12 and #13). The findings include: Record review of the CRF's personnel records on May 27, 2010, beginning at 11:05am, revealed no documented evidence of medical examinations for Staff #8, #9, #12 and #13.	D 450	All mentioned staff members will submit medical examination records within 30 days to complete regulation # 3402.3	July 9 th , 2010:

HEALTH REGULATION ADMINISTRATION

TITLE

(X6) DATE

STATE FORM

6899

DRYX11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2010
NAME OF PROVIDER OR SUPPLIER NEIGHBORS CONSEJO INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 1622 LAMONT STREET, NW WASHINGTON, DC 20010		
(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 CROSSREFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 450	Continued From page 3 At the time of the survey, there was no documented evidence of medical examinations in the personnel records for the aforementioned staff.	D 450			
D 570	3403.8 Admission Policies Each resident shall have a pre-admission medical examination by a physician not more than thirty (30) days prior to his or her admission to a community residence facility. This CONDITION is not met as evidence by: Based on record review, the Community Residential Facility (CRF) failed to ensure five of the seven residents (Residents #1, #2, #3, #4 and #5) included in the sample, received medical examinations thirty days prior to admission. The findings include: Record review of Residents #1 - #7's medical records was conducted on May 27, 2010 from 1:50pm to 4:00pm, respectively. Five of the seven residents' records files failed to evidence a medical examination was completed 30 days prior to their admission. Resident #1's record revealed he was admitted 2/17/2010; Resident #2 was admitted 2/22/2010; Resident #3 was admitted 2/24/2010; Resident #4 was admitted 2/27/2010 and Resident #5 was admitted 2/22/2010. Interview conducted with the Executive Director and Program Director revealed the facilities psychiatrist had just been contracted was scheduled to conduct the medical examinations for the aforementioned clients.	D 570	Will ensure that all residents entering the program will receive medical examinations as soon as possible. Will also ensure that records be organized and updated in order to provide a complete chart when needed.	July 15 th , 2010:	

HEALTH REGULATION ADMINISTRATION

TITLE

(X6) DATE

STATE FORM

6899

DRYX11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2010
NAME OF PROVIDER OR SUPPLIER NEIGHBORS CONSEJO INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 1622 LAMONT STREET, NW WASHINGTON, DC 20010		
(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 CROSSREFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 600	<p>Continued From page 5</p> <p>toward rehabilitation, together with a record of any prescriptions, treatment orders, or special instructions for the management and protection of the resident. Interview with the program's Executive Director and Program Director revealed that the facility's psychiatrist had just been contracted and is scheduled to conduct a medical examination for Resident #1.</p> <p>At the time of the survey, the community residential facility failed to ensure Resident #1 had a written report providing sufficient information on the resident's condition.</p> <p>2. Review of Resident #2's medical record on May 27, 2010, beginning at 1:50pm, revealed he was admitted to the facility on February 17, 2010. Continued review of the medical record revealed the resident had no documented evidence of a written report providing sufficient information on the resident's condition to assist the resident toward rehabilitation, together with a record of any prescriptions, treatment orders, or special instructions for the management and protection of the resident. Interview with the program's Executive Director and Program Director revealed that the facility's psychiatrist had just been contracted and is scheduled to conduct a medical examination for Resident #2.</p> <p>At the time of the survey, the community residential facility failed to ensure Resident #2 had a written report providing sufficient information on the resident's condition.</p>	D 600	<p>Will ensure that all residents entering the program will receive medical examinations as soon as possible. Will also ensure that records be organized and updated in order to provide a complete chart when needed. Will ensure that all supporting evidence be provided as needed and included in files of mentioned residents'. Written reports will be provided and updated under Section 1 of client file.</p>	July 15 th , 2010:	

HEALTH REGULATION ADMINISTRATION

TITLE

(X6) DATE

STATE FORM

6899

DRYX11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2010
NAME OF PROVIDER OR SUPPLIER NEIGHBORS CONSEJO INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 1622 LAMONT STREET, NW WASHINGTON, DC 20010		
(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 CROSSREFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
D 600	Continued From page 6 3. Review of Resident #3's medical record on May 27, 2010, beginning at 1:50pm, revealed he was admitted to the facility on February 17, 2010. Continued review of the medical record revealed the resident had no documented evidence of a written report providing sufficient information on the resident's condition to assist the resident toward rehabilitation, together with a record of any prescriptions, treatment orders, or special instructions for the management and protection of the resident. Interview with the program's Executive Director and Program Director revealed that the facility's psychiatrist had just been contracted and is scheduled to conduct a medical examination for Resident #3. At the time of the survey, the community residential facility failed to ensure Resident #3 had a written report providing sufficient information on the resident's condition. 4. Review of Resident #4's medical record on May 27, 2010, beginning at 1:50pm, revealed he was admitted to the facility on February 17, 2010. Continued review of the medical record revealed the resident had no documented evidence of a written report providing sufficient information on the resident's condition to assist the resident toward rehabilitation, together with a record of any prescriptions, treatment orders, or special instructions for the management and protection of the resident. Interview with the program's Executive Director and Program Director revealed that the facility's psychiatrist had just been contracted and is scheduled to conduct a medical examination for Resident #4.	D 600	Will ensure that all residents entering the program will receive medical examinations as soon as possible. Will also ensure that records be organized and updated in order to provide a complete chart when needed. Will ensure that all supporting evidence be provided as needed and included in files of mentioned residents'. Written reports will be provided and updated under Section 1 of client file. Will ensure that all residents entering the program will receive medical examinations as soon as possible. Will also ensure that records be organized and updated in order to provide a complete chart when needed. Will ensure that all supporting evidence be provided as needed and included in files of mentioned residents'. Written reports will be provided and updated under Section 1 of client file.	July 15 th , 2010:	July 15 th , 2010:

HEALTH REGULATION ADMINISTRATION

TITLE

(X6) DATE

STATE FORM

6899

DRYX11

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2010
--	---	--	---

NAME OF PROVIDER OR SUPPLIER NEIGHBORS CONSEJO INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1622 LAMONT STREET, NW WASHINGTON, DC 20010
---	---

(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 CROSSREFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 600	<p>Continue From page 7</p> <p>At the time of the survey, the community residential facility failed to ensure Resident #4 had a written report providing sufficient information on the resident's condition.</p> <p>5. Review of Resident #5's medical record on May 27, 2010, beginning at 1:50pm, revealed he was admitted to the facility on February 17, 2010. Continued review of the medical record revealed the resident had no documented evidence of a written report providing sufficient information on the resident's condition to assist the resident toward rehabilitation, together with a record of any prescriptions, treatment orders, or special instructions for the management and protection of the resident. Interview with the program's Executive Director and Program Director revealed that the facility's psychiatrist had just been contracted and is scheduled to conduct a medical examination for Resident #5.</p> <p>At the time of the survey, the community residential facility failed to ensure Resident #5 had a written report providing sufficient information on the resident's condition.</p>	D 600	<p>Will ensure that all residents entering the program will receive medical examinations as soon as possible. Will also ensure that records be organized and updated in order to provide a complete chart when needed. Will ensure that all supporting evidence be provided as needed and included in files of mentioned residents'. Written reports will be provided and updated under Section 1 of client file.</p>	July 15 th , 2010

HEALTH REGULATION ADMINISTRATION

TITLE

(X6) DATE

STATE FORM

6899

DRYX11