

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

PRINTED: 05/16/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/04/2012
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NAME OF PROVIDER OR SUPPLIER  BEHAVIOR RESEARCH ASSOCIATES	STREET ADDRESS, CITY, STATE, ZIP CODE 6051 LEE STREET NE WASHINGTON, DC 20019
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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 May 3, 2012 through May 4, 2012. A sample of three clients was selected from a population of five men with various degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.  The findings of the survey were based on observations in the home and at three day programs, interviews with direct support staff and administrative staff, as well as a review of client and administrative records, including incident reports.  [Qualified mental retardation professional (QMRF) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]	W 000	W000  A survey was completed on the Nannie home about one month prior to the Lee Street survey. As a proactive measure in addressing the "self-medication" issues cited, we began to correct and address the issue with all BRA individuals in the 4 homes. This was reflected in the survey completed at Lee Street as being in process specifically related to the "self-medication" and the new "Individual Program Plan" (IPP) that addresses each individual's ability to perform tasks around the administration of medications. In addition, BRA has begun implementation of THERAP in documentation. 5/30/12  Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002  Received 5/29/12	
W 249	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 observation, interview and record review, the facility failed to ensure continuous active treatment, for two of the three clients in the sample. (Clients #1 and #2)  The finding includes:	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Linda Graham TITLE: Program Director (X6) DATE: 5/26/12

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 249 Continued From page 1

Cross refer to W371. The facility failed to implement self-medication programs for Clients #1 and #2, as detailed below:

a. On May 3, 2012, at 5:38 p.m., observations of the evening medication administration pass revealed the house manager (HM) was observed to pour Client #2's water into his cup prior to the evening medication administration pass. Further observations revealed the licensed practical nurse #1 LPN punched Client #2's medications into a medication cup and handed the cup to the client. The client consumed his medications and drank his water. At no time did the LPN encourage Client #2 to participate in their self-medication administration.

b. On May 3, 2012, at 5:45 p.m., the HM was observed to pour Client #1's water into his cup prior to the evening medication administration pass. Further observations revealed the LPN #1 punched Client #1's medications into a medication cup and handed the cup to the client. The client consumed his medications and drank his water. At no time did the LPN #1 encourage Clients #1 to participate in their self-medication administration.

On May 4, 2012, at 10:10 a.m. and 11:50 a.m., respectively, review of Clients #2's individual program plan (IPP) dated January 7, 2012, and review of Client #1's IPP dated May 6, 2011, revealed that both clients had a self-medication training programs, which included "pouring their own water into a cup" as part of a six-step task analysis.

W 249

The RN completed the "Self-Medication" assessment from the Health & Wellness standards and discussed the ability and/or inability of the individuals with Dr. Richard Wilson. The assessments for the 21 individuals were completed and signed by the RN and then by the Primary Care MD. Mutual agreement held between the RN and MD, that the functions performed by the individuals do not constitute self-medication. The RN completing documents for the self-med has appropriately utilized the current assessment that should have been utilized since the Health & Wellness Standards were published with the appendices. The new form has replaced the prior self-medication assessment for all individuals.

In the interim since the survey at the Nannie home, the RN/QIDP over the month time period met with the LPNs, House Managers, and staff to address the abilities and inabilities of each individual in the homes. The RN/QIDP addressed the "medication tasks" as well the "dental/oral" care individual program plans (IPP) for each of the 21 individuals provided care in the four homes. Discussion was also held with the Nursing Staff and Direct Care Staff to assist with the understanding of switching the "tasks" to the Direct Care Staff. The RN/LPN/TME role in the process will be to complete the medication administration process and assure that the meds are able to be utilized in the tasks that will be measured as part of the individual program plan. The nurse will observe the individuals go through the tasks as guided by Direct Care Staff-House Managers, QIDP/observations and recording by Direct Care Staff, and the RN/LPN/TME can then offer the correct medications in a medicine cup, in applesauce, through use of a spoon or other MD specified/approved method for taking the medications. The individuals (21) have an IPP designed with tasks and goals that have been specifically developed to identify areas to measure their participation in (1) tasks surrounding self-medication and for (2) Oral/Dental Hygiene.

At the time of the Lee survey, the old self-medication assessments were still in the records. These should have been removed from the records, placed in storage and the new ones placed in the record.

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W 249	Continued From page 2  Interview with LPN on May 3, 2012, at approximately 6:50 p.m., revealed that the clients did not have self-medication programs to administer their medications. Interview with the qualified intellectual disabilities professional (QIDP) on May 4, 2012, at approximately 3:10 p.m., revealed that both Clients #1 and #2 had programs to participate during the medication administration pass.  At the time of the survey, there was no evidence that the facility implemented the clients' medication programs as recommended.	W 249	W249 continued  The training and IPP for (1) Tasks related to Meds and (2) Dental for all 21 individuals was still in process for the 4 homes. Discussion with staff and nursing continues to provide education as to the difference between self-medication and the performance of tasks surrounding self-medication. Based upon the documents (old self-medication assessments) and the activities of the LPNs, BRA did not follow the expectations of the medical records and the contained documents. 5/28/12	
W 371	483.460(k)(4) DRUG ADMINISTRATION  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.  This STANDARD is not met as evidenced by: Based on observations, interviews and the review of records, the facility failed to implement an effective system to ensure that each client participated in a self-medication training program as recommended by the interdisciplinary team, for two of the three clients in the sample. (Clients #1 and #2)  The findings include:  The facility failed to implement Clients #1 and #2 recommended self-medication training programs, as detailed below:	W 371	W371  The RN completed the "Self-Medication" assessment from the Health & Wellness standards and discussed the ability and/or inability of the individuals with Dr. Richard Wilson. The assessments for the 21 individuals were completed and signed by the RN and then by the Primary Care MD. Mutual agreement held between the RN and MD, that the functions performed by the individuals do not constitute self-medication. The RN completing documents for the self-med has appropriately utilized the current assessment that should have been utilized since the Health & Wellness Standards were published with the appendices. The new form has replaced the prior self-medication assessment for all individuals.  In the Interim since the survey at the Nannie home, the RN/QIDP over the month time period met with the LPNs, House Managers, and staff to address the abilities and inabilities of each individual in the homes. The RN/QIDP addressed the "medication tasks" as well the "dental/oral" care Individual Program Plans (IPP) for each of the 21 individuals provided care in the four homes. Discussion was also held with the Nursing Staff and Direct Care Staff to assist with the understanding of switching the "tasks" to the Direct Care Staff. The RN/LPN/TME role in the process will be to complete the medication administration process and assure that the meds are able to be utilized in the tasks that will be measured as part of the Individual Program Plan.	

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W 371	<p>Continued From page 3</p> <p>a. On May 3, 2012, at 5:38 p.m., observations of the evening medication administration pass revealed the house manager (HM) was observed to pour Client #2's water into his cup prior to the evening medication administration pass. Further observations revealed the licensed practical nurse #1 (LPN) punched Client #2's medications into a medication cup and handed the cup to the client. The client consumed his medications and drank his water. At no time did the LPN #1 encourage the Clients #1 and #2 to participate in their self-medication administration.</p> <p>b. On May 3, 2012, at 5:45 p.m., the HM was observed to pour Client #1's water into his cup prior to the evening medication administration pass. Further observations revealed the LPN #1 punched Client #1's medications into a medication cup and handed the cup to the client. The client consumed his medications and drank his water. At no time did the LPN encourage the Clients #1 and #2 to participate in their self-medication administration.</p> <p>Interview with LPN #1 on the same day at approximately 6:50 p.m., after the medication administration, revealed that the clients did not have self-medication programs to administer their medications.</p> <p>On May 4, 2012, at 10:10 a.m. and 11:50 a.m., respectively, review of Clients #2's Individual program plan (IPP) dated January 7, 2012, and review of Client #1's IPP dated May 6, 2011, revealed that both clients had self-medication training programs, which included "pouring their own water into a cup" as part of a six-step task</p>	W 371	<p>371 continued</p> <p>he nurse will observe the individuals go through the tasks as guided by Direct Care Staff-House Managers, QIDP/observations and recording by Direct Care Staff, and the RN/LPN/TME can then offer the correct medications in a medicine cup, in applesauce, through use of a spoon or other MD specified/approved method for taking the medications. The individuals (21) have an IPP designed with tasks and goals that have been specifically developed to identify areas to measure their participation in (1) tasks surrounding self-medication and for (2) Oral/Dental Hygiene.</p> <p>At the time of the Lee survey, the old self-medication assessments were still in the records. These should have been removed from the records, placed in storage and the new ones placed in the record. The training and IPP for (1) Tasks related to Meds and (2) Dental for all 21 individuals was still in process for the 4 homes. Discussion with staff and nursing continues to provide education as to the difference between self-medication and the performance of tasks surrounding self-medication.</p> <p>Based upon the documents (old self-medication assessments) and the activities of the LPNs, BRA did not follow the expectations of the medical records and the contained documents. 5/28/12</p>	
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W 371 Continued From page 4 analysis. Review of the program documentation for Clients #1 and #2 for May 3, 2012, on the same day at approximately 12:00 p.m., revealed there was no documented evidence that the clients programs had been implemented.

W 371

On May 4, 2012, at approximately 3:10 p.m., the qualified intellectual disabilities professional (QIDP) reviewed the clients program documentation in the presence of the surveyor. The QIDP then confirmed that the Clients #1 and #2's self-medication program were not implemented as recommended.

W 426 483.470(d)(3) CLIENT BATHROOMS

W 426

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.

W426

Each day, prior to use of the hot water by individuals, a temperature check of Bathroom #1, Bathroom #2, and the kitchen sink will be completed. Any finding of greater than 110 degrees will be adjusted, retested prior to use by the individuals, and reported to the administrator. 5/16/12

This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure water temperatures did not exceed 110 degrees Fahrenheit to ensure the health and safety, for of five of the five clients residing in the facility. (Client #1, #2, #3, #4 and #5)

The findings include:

On May 3, 2012, at 2:10 p.m., this surveyor noted that the hot water temperature in the bathroom sink located on the main hallway felt warm. On May 4, 2012, beginning at 4:00 p.m., an inspection of the facility revealed the following:

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NAME OF PROVIDER OR SUPPLIER  BEHAVIOR RESEARCH ASSOCIATES			STREET ADDRESS, CITY, STATE, ZIP CODE 5031 LEE STREET NE WASHINGTON, DC 20019	
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W 426	<p>Continued From page 5</p> <p>a. The water temperature in Bathroom #1 located across from the administrator's office measured 113 degrees F.</p> <p>b. The water temperature located Bathroom #2 (client's bedroom) measured 112 degrees F.</p> <p>c. The water temperature in the kitchen sink measured 112 degrees F.</p> <p>The temperature readings were verified by the incident management coordinator (IMC) and house manager (HM) who accompanied this surveyor during the inspection. The HM was then observed to adjust the thermostat on the hot water heater and the HM indicated that it would take a few minutes before the hot water temperature was lowered. At approximately 5:00 p.m., the hot water temperatures were rechecked. According to the findings, the water temperatures located in both bathrooms and in the kitchen were at or below 110 degrees Fahrenheit.</p> <p>At the time of the survey, there was no evidence that facility ensured the water temperature did not exceed 110 degrees Fahrenheit at all time.</p>	W 426		

Health Regulation & Licensing Administration

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R 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from May 3, 2012 through May 4, 2012. A sample of three residents was selected from a population of five men with various degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home and at three day programs, interviews with direct support staff and administrative staff, as well as a review of residents and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	R 000	<p>R 000</p> <p>Survey completed 5/3 through 5/4/12 at Lee Street</p>	
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 the interview and record review, the group for persons with intellectual disabilities (GHPID) failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided within the seven (7) years prior to the check, for one of the sixteen staff employed. (Staff #10)</p> <p>The finding includes: Review of the personnel files on May 4, 2012,</p>	R 125	<p>R125</p> <p>As a result of the findings, BRA has completed the Maryland Criminal Background Check for staff member #10. 5/20/12</p> <p>(See attached copy) 5/20/12</p> <p>BRA will ensure that all staff members have completed the required criminal background checks in the worked and lived jurisdictions for the 7 years prior to employment. This is a required standard and full compliance will be assured by a quarterly review/audit of the employment files. BRA administration have attended recent trainings on criminal background checks and fingerprinting and all directives will be followed as outlined. 6/1/12</p>	

Health Regulation & Licensing Administration

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

*Linda Graham*

TITLE

*Program Director*

(X8) DATE

*05/16/12*

STATE FORM

6899

1EHX11

If continuation sheet 1 of 2

Health Regulation & Licensing Administration

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R 125	Continued From page 1  beginning at 3:21 p.m., revealed the GHPID failed to provide evidence of criminal background checks that disclosed a seven year history of all jurisdictions where one staff worked and/or resided at the time of the survey. Further review revealed Staff #10 had a background check conducted in the jurisdiction in which he worked (District of Columbia), but did not have a background check conducted where he lived (Maryland).  At approximately 4:30 p.m., on May 4, 2012, the surveyor reviewed the aforementioned findings listed above with the incident management coordinator (IMC). The IMC verified that a criminal background checks was not conducted in all jurisdictions where staff lived within the past seven years.	R 125		

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**1 000 INITIAL COMMENTS**

A licensure survey was conducted from May 3, 2012 through May 4, 2012. A sample of three residents was selected from a population of five men with various degrees of intellectual disabilities.

The findings of the survey were based on observations in the home and at three day programs, interviews with direct support staff and administrative staff, as well as a review of residents and administrative records, including incident reports.

[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]

**1 000**

000  
Survey completed 5/3-5/4/12

**1 422 3521.3 HABILITATION AND TRAINING**

Each GHMRP 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 observation, interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that residents' training objectives were implemented in accordance with their individual support plan (ISP), for two of the three residents included in the sample. (Residents #1 and #2)

The finding includes:

Cross refer to W371. The GHPID failed to implement self-medication programs for Residents #1 and #2, as detailed below:

**1 422**

The RN completed the "Self-Medication" assessment from the Health & Wellness standards and discussed the ability and/or inability of the individuals with Dr. Richard Wilson. The assessments for the 21 individuals were completed and signed by the RN and then by the Primary Care MD. Mutual agreement held between the RN and MD, that the functions performed by the individuals do not constitute self-medication. The RN completing documents for the self-med has appropriately utilized the current assessment that should have been utilized since the Health & Wellness Standards were published with the appendices. The new form has replaced the prior self-medication assessment for all individuals.

In the interim since the survey at the Nannie home, the RN/QIDP over the month time period met with the LPNs, House Managers, and staff to address the abilities and inabilities of each individual in the homes. The RN/QIDP addressed the "medication tasks" as well the "dental/oral" care Individual Program Plans (IPP) for each of the 21 individuals provided care in the four homes. Discussion was also held with the Nursing Staff and Direct Care Staff to assist with the understanding of switching the "tasks" to the Direct Care Staff.

Health Regulation & Licensing Administration

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

*Linda Braham*  
6899 1EHX11

TITLE  
*Program Director*

(X6) DATE  
*05/06/12*  
If continuation sheet of 3

Health Regulation & Licensing Administration

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I 422	<p>Continued From page 1</p> <p>a. On May 3, 2012, at 5:38 p.m., observations of the evening medication administration pass revealed the house manager (HM) was observed to pour Resident #2's water into his cup prior to the evening medication administration pass. Further observations revealed the licensed practical nurse #1 LPN punched Resident #2's medications into a medication cup and handed the cup to the resident. The resident consumed his medications and drank his water. At no time did the LPN encourage Resident #2 to participate in their self-medication administration.</p> <p>b. On May 3, 2012, at 5:45 p.m., the HM was observed to pour Resident #1's water into his cup prior to the evening medication administration pass. Further observations revealed the LPN #1 punched Resident #1's medications into a medication cup and handed the cup to the resident. The resident consumed his medications and drank his water. At no time did the LPN #1 encourage Residents #1 to participate in their self-medication administration.</p> <p>On May 4, 2012, at 10:10 a.m. and 11:50 a.m., respectively, review of Residents #2's individual program plan (IPP) dated January 7, 2012, and review of Resident #1's IPP dated May 6, 2011, revealed that both residents had a self-medication training programs, which included "pouring their own water into a cup" as part of a six-step task analysis.</p> <p>Interview with LPN on May 3, 2012, at approximately 6:50 p.m., revealed that the residents did not have self-medication programs to administer their medications.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on May 4, 2012, at approximately 3:10 p.m., revealed that both</p>	I 422	<p>422 continued</p> <p>The RN/LPN/TME role in the process will be to complete the medication administration process and assure that the meds are able to be utilized in the tasks that will be measured as part of the individual Program Plan. The nurse will observe the individuals go through the tasks as guided by Direct Care Staff-House Managers, QIDP/observations and recording by Direct Care Staff, and the RN/LPN/TME can then offer the correct medications in a medicine cup, in applesauce, through use of a spoon or other MD specified/approved method for taking the medications. The individuals (21) have an IPP designed with tasks and goals that have been specifically developed to identify areas to measure their participation in (1) tasks surrounding self-medication and for (2) Oral/Dental Hygiene.</p> <p>At the time of the Lee survey, the old self-medication assessments were still in the records. These should have been removed from the records, placed in storage and the new ones placed in the record. The training and IPP for (1) Tasks related to Meds and (2) Dental for all 21 Individuals was still in process for the 4 homes. Discussion with staff and nursing continues to provide education as to the difference between self-medication and the performance of tasks surrounding self-medication.</p> <p>Based upon the documents (old self-medication assessments) and the activities of the LPNs, BRA did not follow the expectations of the medical records and the contained documents. 5/28/12</p>	
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Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/04/2012
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NAME OF PROVIDER OR SUPPLIER  BEHAVIOR RESEARCH ASSOCIATES	STREET ADDRESS, CITY, STATE, ZIP CODE 5051 LEE STREET NE WASHINGTON, DC 20019
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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) COMPLETE DATE
1422	<p>Continued From page 2</p> <p>Residents #1 and #2 had programs to participate during the medication administration pass.</p> <p>At the time of the survey, there was no evidence that the GHPID implemented the residents' medication programs as recommended.</p>	1422		