

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4829 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| | | | | |
|--------------------|--|---------------|---|----------------------|
| (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 |
|--------------------|--|---------------|---|----------------------|

W 000 INITIAL COMMENTS

W 000

A recertification survey was conducted from March 13, 2012 through March 16, 2012. A sample of three clients was selected from a population of six 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 two day programs, interviews with direct support staff, administrative staff, one client, and one parent, as well as a review of client and administrative records, including incident reports.

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

W 120 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES

W 120

The facility must assure that outside services meet the needs of each client.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that outside services met the needs of each client, for one of the three clients in the sample. (Client #2)

The finding includes:

On March 14, 2012, beginning at 1:08 p.m., Client #2's one to one staff (from the residence) escorted the client to the nurse's office at the day program. Interview with the one to one staff at that moment revealed the client did not "look

Received 4/20/12
Department of Health
Health Regulation & Licensing Administration
Intermediate Care Facilities Division
809 North Capitol St., N.E.
Washington, D.C. 20002

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Russell Johnson, Program Manager
TITLE
Program Manager
(X6) DATE
4/10/2012

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.

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | |
| (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 |
| W 120 | <p>Continued From page 1</p> <p>good," "is jumpy," and further stated he thought the client may soon have a seizure. The day program nurse assessed his vital signs. His blood pressure read 179/89 and his pulse was 127. At 1:50 p.m., the day program nurse indicated the client's condition was stable. She then stated that she would send a note home due to his high blood pressure and pulse readings.</p> <p>Review of Client #2's medical and day program notes on March 15, 2012, beginning at 9:30 a.m., failed to show evidence that the day program nurse forwarded the client's vital readings to the facility.</p> <p>Interview with the registered nurse (RN) supervisor on March 15, 2012, at 4:05 p.m., revealed that she was previously unaware of any concerns at Client #2's day program on the day before. She confirmed that the readings were high. The RN stated the day program nurse was required to immediately inform the facility of abnormal vital signs. When asked, the house manager and the qualified intellectual disabilities professional (QIDP) stated they were previously unaware of elevated blood pressure or pulse readings at Client #2's day program on the day before. At 4:33 p.m., the QIDP spoke with the day program nurse by telephone. The day program nurse confirmed what had been described by the surveyor and then acknowledged that she failed to inform the home timely.</p> | W 120 | <p>W120</p> <p>The QIDP met with the day program management staff to reinforce the importance of informing the home when Client #2's vital signs are abnormal or the blood pressure is high and for any medical concerns that may arise. The program acknowledged the feedback...4-19-12</p> <p>The QIDP ensured that the day program had appropriate numbers for the QIDP, home and RN...4-19-12</p> |
| W 156 | <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law</p> | W 156 | |

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 156 Continued From page 2
within five working days of the incident.

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility failed to report the results of all investigations to the administrator within five working days of the incident, for two of the six clients residing in the facility. (Clients #2 and #3)

The findings include:

Review of the facility's incident reports and corresponding investigation reports on March 14, 2012, beginning at 9:30 a.m., revealed no documented evidence that the administrator was informed of the investigation results within five working days, as follows:

1. An incident report dated July 21, 2011, documented that a direct support staff had allowed Client #2 to sit in a soiled adult protective garment for several hours. The facility had deemed this to be neglect. Review of the corresponding investigative report revealed the incident management coordinator (IMC) completed the investigation on August 1, 2011. Further review showed no evidence that the investigative findings had been reported to the administrator.

2. An incident report dated September 25, 2011, documented that Client #6 slapped Client #2 in his face. Review of the corresponding investigative report, dated September 28, 2011, revealed no evidence that the investigative findings had been reported to the administrator.

W 156

W156

As mentioned, the administrator routinely reviews all incident reports at weekly team meetings. The administrator will sign off the incidents routinely at that time upon completion of her review. The IMC will ensure the review and verifying signature is obtained...4-19-12
Should the 5-day window fall before the Monday team meeting, the IMC will ensure that the administrator reviews and signs any such incidents before the 5-day window expires...4-19-12

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| W 156 | Continued From page 3 3. An incident report dated September 27, 2011, documented that Client #6 slapped Client #3 in his face. Review of the corresponding investigative report, dated September 30, 2011, revealed no evidence that the investigative findings had been reported to the administrator. Interview with the IMC on March 15, 2012, at approximately 2:15 p.m., revealed that a meeting was held every Monday with the administrator to review the status of all incidents. Further interview revealed that the facility's policy was to have the administrator sign the investigation reports as a means of documenting the date that she received the investigative findings. The IMC, however, acknowledged that investigation reports had not always been signed by the administrator. | W 156 | | |
| 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 staff interview and record review, the facility's qualified intellectual disabilities professional (QIDP) failed to ensure the coordination of each client's habilitation and active treatment needs, for one of the three clients in the sample. (Client #3) The finding includes: On March 13, 2012, beginning at approximately 6:30 p.m., observations during the dinner meal | W 159 | | |

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 159 Continued From page 4
revealed that all of Client #3's food was of a ground texture.

On March 16, 2012, at 12:05 p.m., review of Client #3's Annual Nutrition Assessment, dated August 2, 2011, revealed the nutritionist recommended changing the client's diet to include ground textured foods because the client was sometimes known to swallow quickly without chewing his foods thoroughly. The nutritionist wrote: "Speech needs to agree that ground is the best texture for him." At 12:08 p.m., review of the client's Speech Evaluation, dated August 7, 2011, revealed no mention of diet textures in the evaluation report. Continued review of the client's record revealed no evidence that the speech/ language pathologist had been consulted since the August 7, 2011 evaluation. In addition, there was no evidence that the speech/ language pathologist had been made aware of the nutritionist's recommendation and/or offered an opinion regarding Client #3's diet textures.

When interviewed on March 16, 2012, at approximately 12:20 p.m., the house manager stated that staff routinely implemented the nutritionist's recommendation for ground texture foods. She believed the speech/ language pathologist had reviewed and approved the change to ground texture. However, during the Exit conference that afternoon, at approximately 4:10 p.m., the QIDP indicated that she was unsure whether the speech/ language pathologist had reviewed Client #3's diet texture. She further indicated that it was "unlikely" that the nutritionist's August 2, 2011, evaluation report (with recommendations) was available for the speech pathologist's review five days later, on

W 159 W159
The Speech Pathologist will be contacted by the QIDP to confirm agreement with the ground texture diet for Client #3...4-21-12
The speech pathologist will provide a progress note confirming her opinion...4-21-12
In the future, the QIDP will review all assessments and track recommendations through implementation...4-19-12
The QIDP will review the medical records monthly to ensure that all new recommendations are implemented in a timely manner...5-1-12

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|--|--|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|--|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

| | | | | |
|-------|--|-------|--|--|
| W 159 | Continued From page 5 August 7, 2011. In addition, the QIDP acknowledged that Client #3's physician's order sheets failed to reflect a ground texture diet. | W 159 | | |
|-------|--|-------|--|--|

There was no evidence that the QIDP coordinated the exchange of information between disciplines to ensure that Client #3 received foods in a texture best suited to meet his needs.

| | | | | |
|-------|--------------------------------------|-------|--|--|
| W 189 | 483.430(e)(1) STAFF TRAINING PROGRAM | W 189 | | |
|-------|--------------------------------------|-------|--|--|

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.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure staff were provided with initial and continuing training that enabled them to perform their duties effectively, efficiently, and competently, for one of three clients in the sample. (Client #2)

The finding includes:

On March 14, 2012, beginning at 1:08 p.m., Client #2's one to one staff (from the residence) was observed to escort the client to the nurse's office at the day program. Interview with the one to one staff at that moment revealed the client did not "look good," "is jumpy," and he thought the client may soon have a seizure. After the client sat in the nurse's office, the one to one staff removed the client's safety helmet. When the licensed practical (LPN) nurse tried to take the client's blood pressure, at 1:10 p.m., the client lunged to the floor and refused to get back into

W189

The QIDP or RN will re-train the one-to-one staff member to ensure the helmet is not removed when Client #2 is ambulating or standing. Overall training on the safety precautions provided will also be given...4-19-12
The home manager will observe active treatment implementation at minimum 3 times weekly and in that time observe for routine compliance on this concern. On-the-spot training will be provided if issues are observed...5-1-12

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 189 Continued From page 6

the chair. At 1:16 p.m., the client sat back in the chair after the one to one staff offered him a cup of juice. The one to one staff put the client's helmet back on and the nurse proceeded to check the client's vital signs.

Interview with the facility's one to one staff on March 14, 2012, at 1:30 p.m., revealed the client wore the helmet during "waking hours" to protect his head when he displays a behavior or to protect his head in the event that he had a seizure. Further interview at 4:08 p.m., revealed he took the client's helmet off because the nurse was going to check the client's vitals. Interview with the registered nurse and the qualified intellectual disabilities professional (QIDP) in the residence, at 4:17 p.m., revealed Client #2's staff should not have removed the helmet, especially given that the staff thought the client might have a seizure.

On March 15, 2012, at 1:19 p.m., review of Client #2's ambulation protocol, dated November 1, 2011, revealed Client #2 was required to wear his helmet while awake. Review of the in service training records on March 16, 2012, at 12:35 p.m., revealed that the one to one support staff had received training on Client #2's physical therapy protocols on November 1, 2011.

Observations of the staff on March 14, 2012, however, indicated that the training on Client #2's physical therapy and safety needs had not been effective.

W 249 483.440(d)(1) PROGRAM IMPLEMENTATION

As soon as the interdisciplinary team has formulated a client's individual program plan,

W 189

W 249

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 249 Continued From page 7

W 249

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, staff interview and record review, the facility failed to ensure that each client's active treatment programs (specifically, self medication training programs) were implemented, for three of the three clients in the sample. (Clients #1, #2 and #3)

The findings include:

[Cross-refer to W371] The evening medication administration was observed on March 13, 2012, beginning at 6:00 p.m. The facility's evening Licensed Practical Nurse (LPN) was observed to punch Clients #1, #2 and #3s' medications from the bubble packs. The LPN performed most of the other tasks involved in the medications administered that evening.

On March 15, 2012, beginning at approximately 11:45 a.m., review of the program documentation records for Clients #1, #2 and #3 revealed that all three clients had training programs to enhance their skills. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the clients' participation.

Interview with the registered nurse supervisor on

The RN will meet with the LPNs on 4-30-12 to review all individuals and obtain an update of their abilities to participate in the specific criteria of the self-med process. The self medication evaluation will be simplified and updated so that it is more user friendly and accurate to their current abilities. The first home at Nannie will have all of the self-med forms updated by 5-1-12 and the training will occur and forms will be in place and used by 5-7-12

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| W 249 | Continued From page 8 March 15, 2012, at 4:53 p.m., revealed that the evening LPN was expected to encourage the clients to participate in their self medication programs. | W 249 | | |
| | Observations on March 13, 2012 revealed no evidence that the facility provided training interventions and support at the prescribed frequency (i.e. every evening) necessary to support the acquisition and maintenance of clients' self medication skills. | | | |
| W 264 | 483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. | W 264 | | |
| | This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that the use of security cameras and recording devices was reviewed by its specially-constituted committee, for six of the six clients residing in the facility. (Clients #1, #2, #3, #4, #5 and #6) | | | |
| | The finding includes: On March 14, 2012, at 5:08 p.m., a camera was observed mounted on a wall in the dining room. On March 15, 2012, at 10:21 a.m., the house | | | |

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 264 Continued From page 9
manager (HM) was asked about the camera. She stated that the camera was functioning and explained that the facility had been burglarized and property stolen while the clients were vacationing. The qualified intellectual disabilities professional (QIDP) joined the conversation moments later. She stated there were cameras installed in the living room, dining room and kitchen. The QIDP would review recordings made by the 3 cameras approximately twice a week. She further stated that no cameras were used in bedrooms or bathrooms to ensure the clients' privacy during personal care. Further interview revealed there was no established policy governing the use of surveillance cameras, the client's guardians had not been made aware of the cameras and recording devices, and the facility's specially-constituted committee (i.e. Human Rights Committee, HRC) had not been asked to review the use of the surveillance equipment.

W 264
W264
The HRC is scheduled to meet April 26th, specifically to discuss the security cameras. Their decision will be documented in the minutes and followed...4-27-12
In the future, the administrator will ensure that all human rights concerns are discussed by the HRC prior to implementation for all non-emergency considerations...5-1-12

On March 16, 2012, beginning at 12:15 p.m., review of the minutes and agendas for HRC meetings held since March 2011 confirmed that the committee had not reviewed the use of surveillance cameras and recording devices within the facility. This was again confirmed by the director during the Exit conference later that day, at approximately 4:00 p.m.

W 331 483.460(c) NURSING SERVICES
W 331
The facility must provide clients with nursing services in accordance with their needs.

This STANDARD is not met as evidenced by:
Based on observation, staff interviews and

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | |
| (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 |
| W 331 | <p>Continued From page 10</p> <p>record review, the facility's nursing staff failed to provide each client with nursing services in accordance with their needs, for two of the three clients in the sample. (Clients #2 and #3)</p> <p>The findings include:</p> <p>1. Nursing services failed to ensure the implementation of Client #3's urology recommendations, as follows:</p> <p>The evening medication administration was observed on March 13, 2012. At 7:22 p.m., Client #3 was administered Desmopressin 0.2 mg. On March 16, 2012, at 11:52 a.m., review of the client's medical records revealed that the client was evaluated by a urologist on January 9, 2012. The urologist indicated the Desmopressin was prescribed for "urinary urgency/ urge incontinence" and "nocturnal enuresis" and recommended the facility implement a "Voiding Diary." The urologist provided blank Voiding Diary forms for use by facility staff.</p> <p>When interviewed on March 16, 2012, at 1:00 p.m., the house manager (HM) indicated she was not familiar with the Voiding Diary forms and staff were not maintaining a Voiding Diary. At 1:10 p.m., the qualified intellectual disabilities professional (QIDP) indicated she was unaware that the urologist had recommended a Voiding Diary for Client #3 on January 9, 2012. At approximately 1:15 p.m., the registered nurse (RN) reviewed Client #3's medical chart and acknowledged that the Voiding Diary had not yet been implemented.</p> <p>2. Nursing services failed to ensure the timely</p> | W 331 | <p>W331</p> <p>Staff will be trained on the Voiding Diary forms by...4-28-12</p> <p>The data collection system will be implemented by...5-1-12</p> <p>The Home Manager will review the data at minimum weekly to ensure it is properly and routinely collected...5-1-12</p> <p>The Voiding Diary data will be presented to Urology at the next scheduled appointment...5-1-12</p> <p>The RN will review all consultation reports and attachments within 3 business days for non-emergency considerations to ensure that all recommendations are reviewed and addressed...5-1-12</p> <p>Additionally, the RN will review all consultations for the month with the PCP during routine monthly meetings...5-1-12</p> |

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| W 331 | <p>Continued From page 11</p> <p>Implementation of Client #3's dental recommendations, as follows:</p> <p>a. Client #3's dental records were reviewed on March 16, 2012, beginning at 11:36 a.m. According to a consultation report dated May 9, 2011, the dentist indicated tooth #8 was "necrotic" and recommended the client receive either root canal treatment with core build-up or extraction of tooth #8 with a partial denture. Continued review of the record revealed that on January 24, 2012, a dentist recommended extraction of tooth #8. There was no evidence the facility sought treatment of tooth #8 during the eight months prior to Client #3's January 24, 2012 dental appointment.</p> <p>b. Review of Client #3's dental records on March 16, 2012, beginning at 11:36 a.m., revealed a consultation form dated July 19, 2011, on which a dentist wrote "no cavities." There was no mention of tooth #8 (which had been deemed "necrotic" in May 2011) on the July 19, 2011 form. Client #3's records did not reflect any follow-up to the July 19, 2011 dental consultation ("no cavities") was provided by nursing services seeking clarification regarding the status of tooth #8.</p> <p>The RN was interviewed on March 16, 2012, beginning at 1:15 p.m. She stated she was not employed by the facility in July 2011, and she was therefore, unaware of any follow-up that may have occurred.</p> <p>c. Continued review of Client #3's dental records on March 16, 2012, at 11:45 a.m., revealed that on January 24, 2012, the dentist wrote: "patient needs to brush and floss teeth at least twice a</p> | W 331 | <p>Client #3 was scheduled to have the tooth extracted on April 9th but this consultation did not occur. It has been rescheduled for May 4th...5-4-12</p> <p>Beginning May 2012, the QIDP, Home Manager and RN will meet monthly to review the status of the previous month's medical consultations for each person and to plan implementation of the upcoming month's consultations. This will prevent needed follow up from "falling through the cracks"...5-1-12</p> <p>Additionally, the RN will review the medical records of each person supported monthly...5-1-12</p> <p>Staff has not been properly trained on flossing assistance. The RN will train staff on providing flossing assistance to each person and will provide a step by step guideline to be used daily as a reference...5-1-12</p> <p>Staff will begin flossing assistance after the training...5-1-12</p> <p>The Home Manager will observe flossing assistance at minimum once weekly for each person supported...5-1-12</p> | |

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 331 Continued From page 12 W 331

day...someone assist with flossing and brushing patient's teeth."

On March 16, 2012, at approximately 12:15 p.m., interview with the HM revealed that Client #3 brushed his teeth before going to bed at night and again in the morning before breakfast. She shook her head to indicate no, the client did not floss. At approximately 1:10 p.m., the QIDP also indicated that clients were brushing but not flossing their teeth. The QIDP agreed to seek records of Client #3's dental evaluations prior to May 2011 (they were no longer in his medical record) to determine whether problems with tooth #8 had been identified prior to May 2011. No additional information, however, was made available for review before the survey ended later that afternoon at 3:53 p.m.

When interviewed on March 16, 2012, beginning at 1:15 p.m., the RN stated staff would assist clients with flossing if this was prescribed by the dentist. Further discussion revealed that the RN was unaware of the dentist's January 24, 2012 recommendation to brush and floss with staff assistance.

[Note: A consultation form documented that Client #3 returned to the dentist on February 13, 2012 for extraction of tooth #8. However, the dentist indicated he was "uncooperative...consult with physician for sedation." When the RN was interviewed on March 16, 2012, beginning at 1:15 p.m., she stated it was her understanding that Client #3's tooth #8 had been extracted. Moments later, the RN spoke by telephone with the facility's LPN Coordinator, who reported that Client #3 was scheduled to return to the dentist (with sedation)

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4829 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| W 331 W 356 | Continued From page 13 for the extraction of tooth #8 on April 9, 2012.] 483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT | W 331 W 356 | | |
| | <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure preventive care to ensure the maintenance of clients' dental health, for one of the three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>[Cross-refer to W331.2] While being interviewed on March 14, 2012, at approximately 1:45 p.m., Client #3 became silent when asked about tooth brushing and visiting a dentist. The client's dental records were reviewed on March 16, 2012, beginning at 11:36 a.m. According to a consultation report dated May 9, 2011, the dentist indicated tooth #8 was "necrotic" and recommended either root canal treatment with core build-up or extraction with a partial denture. On January 24, 2012, the dentist wrote: "patient needs to brush and floss teeth at least twice a day. Tooth #8 needs to be extracted" and recommended "someone assist with flossing and brushing patient's teeth." The client returned on February 13, 2012 for extraction of tooth #8, however, the dentist indicated Client #3 was "uncooperative...consult with physician for sedation."</p> | | | |

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 356 Continued From page 14

W 356

On March 16, 2012, at approximately 12:15 p.m., interview with the house manager (HM) revealed that Client #3 brushed his teeth before going to bed at night and again in the morning before breakfast. She shook her head to indicate no, the client did not floss. At approximately 1:10 p.m., the qualified intellectual disabilities professional (QIDP) also indicated that clients were brushing but not flossing their teeth.

The registered nurse (RN) was interviewed on March 16, 2012, beginning at 1:15 p.m. It was her understanding that Client #3's tooth #8 had been extracted. The RN said staff would assist clients with flossing if this was prescribed by the dentist. Further interview revealed that the RN was unaware of the dentist's recommendation on January 24, 2012 to brush and floss with staff assistance.

There was no evidence that facility staff assisted Client #3 with flossing, as recommended by the dentist.

It should be noted that Client #3's records did not reflect any follow-up was provided to clarify a dental consultation form July 19, 2011, on which the dentist wrote "no cavities." Previously, tooth #8 had been deemed "necrotic" by a dentist.

W 365 483.460(j)(4) DRUG REGIMEN REVIEW

W 365

An individual medication administration record must be maintained for each client.

This STANDARD is not met as evidenced by:
Based on observation, interview and record

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 365 Continued From page 15

review, the facility failed to maintain medication administration records (MARs), for one of the six clients residing in the facility. (Client #2)

The finding includes:

[Cross-refer to W189] On March 13, 2012, beginning at 7:31 p.m., a licensed practical nurse (LPN) administered Lyrica to Client #2. Interview with the LPN at that moment revealed that the medication was prescribed to control the client's seizures.

Review of Client #2's MAR and his physician's order sheets on March 14, 2012, at approximately 9:00 a.m., revealed the client was prescribed Lyrica 100mg three times a day.

On March 15, 2012, at 5:05 p.m., interview with Client #2's one to one staff revealed the client received one dose of Lyrica at the day program. Interview with the registered nurse (RN) supervisor confirmed that the client receives Lyrica at the day program and that the day program had not been sending the MARs back to the facility. The RN further stated that the facility was required to maintain all MARs, therefore the day program should have been sending the MARs back to the facility.

At the time of the survey, the facility failed to maintain all MARs for Client #2.

W 365

W365

The QIDP spoke with the day program management staff of Client #2 to ensure that they understood the importance of consistently providing the home with the MARs for the noon Lyrica...4-19-12

The day program provided up-to-date MAR copies on the meeting date and confirmed they will consistently send the data monthly...4-19-12

The QIDP or RN will audit monthly to ensure that the data is received and will contact the day program if the MARs are not sent by the 10th of the month...5-10-12

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

W 371

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 371 Continued From page 16
is an appropriate objective, and if the physician does not specify otherwise.

W 371

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, for three of three clients in the sample. (Clients #1, #2, # and #3)

The findings include:

1. Observation on March 13, 2012, at 6:17 p.m., revealed Client #1 was administered his medications by the facility's licensed practical nurse (LPN). The LPN was observed to punch the client's medications from the bubble packs. The LPN mixed the client's medications with applesauce and spoon fed/administered the client his medications. After the client swallowed his medications, the LPN poured water into a medication cup and administered it to the client. The LPN then threw the medication cup into the trash.

Review of Client #1's program documentation record on March 15, 2012, at approximately 12:00 p.m., revealed that according to the nurse, the client refused to participate in his self medication program during the aforementioned time. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the client's participation.

Review of Client #1's Individual Program Plan

The RN will meet with the LPNs on 4-30-12 to review all individuals and obtain an update of their abilities to participate in the specific criteria of the self-med process. The self medication evaluation will be simplified and updated so that it is more user friendly and accurate to their current abilities. The first home at Nannie will have all of the self-med forms updated by 5-1-12 and the training will occur and forms will be in place and used by 5-7-12

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 371 Continued From page 17
(IPP) dated January 2, 2012, on March 15, 2012, at approximately 1:00 p.m., revealed a program goal which stated, "[the client] will independently pour his water from a measuring cup into a drinking cup for medications every evening, between 5:00 p.m. and 7:00 p.m." Further review revealed an objective that stated Client #1 "will pour his water from a measuring cup into a drinking cup for medications with two verbal cues 75% of the time every evening, between 5:00 p.m. and 7:00 p.m., for twelve months."

2. Observation on March 13, 2012, at 6:42 p.m., revealed Client #2 was administered his medications by the facility's LPN. She was observed to punch the client's medications from the bubble packs. The LPN mixed the client's medication with applesauce and spoon fed/administered the client his medications. After the client swallowed his medications, the LPN poured water into a medication cup and administered it to the client. The LPN then threw the medication cup into the trash.

Review of Client #2's program documentation record on March 15, 2012, at approximately 11:45 a.m., revealed that according to the evening medication nurse, the client refused to place his medications in his mouth, he drank his water independently, and refused to dispose of his cup in the sink or trash during the aforementioned time. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the client's participation.

Review of Client #2's IPP, dated September 15, 2011, on March 15, 2012, at 12:30 p.m., revealed

W 371

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 371 Continued From page 18

W 371

a program goal which stated, "[The client] will require one verbal cue to complete his medication regimen every evening for twelve months." The objective stated the client will be given three verbal cues 100% of the time to complete his medication regimen every evening between 5:00 p.m., and 7:00 p.m., for twelve months. Further review indicated Client #2's self medication program was outlined, as follows:

- With hand over hand and/or verbal cues from the nurse, the client will wash his hands;
- With hand over hand and/or verbal cues from the nurse, the client will get a cup;
- With hand over hand and/or verbal cues from the nurse, the client will pour water from a pitcher;
- With hand over hand and/or verbal cues from the nurse, the client will drink water or scoop applesauce and medicine from cup;
- With hand over hand and/or verbal cues from the nurse, the client will dispose of the medication and water cups;

3. Observation on March 13, 2012, at 7:22 p.m., revealed Client #3 was administered his medications by the LPN. She was observed to punch the client's medications from the bubble packs. The LPN mixed Metamucil in a cup of water. Afterwards, the client swallowed his medications and drank the water. The LPN then took the cup from the client.

Review of Client #3's program documentation record on March 15, 2012, at approximately

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| | | | | |
|--------------------|--|---------------|---|----------------------|
| (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 |
|--------------------|--|---------------|---|----------------------|

W 371 Continued From page 19
12:00 p.m., revealed that according to the nurse, the client refused to participate in his self medication program during the aforementioned time. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the client's participation.

W 371

Review of Client #3's IPP, dated September 27, 2011, on March 15, 2012, at approximately 1:15 p.m., revealed a program goal which stated, "[the client] will independently pour his water from a measuring cup into a drinking cup for medications every evening, between 5:00 p.m., and 7:00 p.m." Further review revealed an objective that stated Client #1 "will pour his water from a measuring cup into a drinking cup for medications with two verbal cues 75% of the time every evening, between 5:00 p.m., and 7:00 p.m., for twelve months."

Interview with the registered nurse supervisor on March 15, 2012, at 4:53 p.m., revealed that the evening LPN was expected to encourage the clients to participate in their self medication programs.

W 381 483.460(l)(1) DRUG STORAGE AND RECORDKEEPING

W 381

The facility must store drugs under proper conditions of security.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to store drugs under proper conditions of security, for two of the six clients residing in the facility. (Clients #2 and #6)

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

PRINTED: 04/10/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

W 381 Continued From page 20

W 381

The findings include:

1. On March 13, 2012, beginning at 6:42 p.m., the licensed practical nurse (LPN) was observed to leave Client #2's medications on a table in the basement as she went to the bathroom to wash her hands. During this time, the medication cabinet was left unlocked.

2. On March 13, 2012, at 7:27 p.m., the LPN was observed to walk to the front door of the facility, open it and ask that Client #6 come inside to take his medications. She had just poured the client's medications while in the basement and brought them upstairs. The LPN left the tray with Client #6's medications unattended on the dining room table, which was out of view of the front door. Other clients and staff were in close proximity to the medication tray.

Interview with the registered nurse on March 15, 2012, at approximately 5:00 p.m., revealed that all medications were required to be secured at all times by a licensed professional.

The LPN failed to ensure the security of all drugs during the evening medication administration observations on March 13, 2012.

W381

The LPN will receive formal feedback for failure to secure the medication...4-22-12
The RN will retrain the LPN on appropriate medication passing procedures...4-22-12
The QIDP and Home Manager will observe medication passing at minimum twice weekly (each) and will report to the RN if the self medication programs are not implemented or if medication pass protocols are not followed. The RN will follow up with appropriate action with the LPN...5-1-12

Health Regulation & Licensing Administration

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|--|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

I 000 INITIAL COMMENTS

I 000

A licensure survey was conducted from March 13, 2012 through March 16, 2012. A sample of three residents was selected from a population of six men with various degrees of intellectual disabilities.

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

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

I 160 3507.1 POLICIES AND PROCEDURES

I 160

Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member.

This Statute is not met as evidenced by: Based on observation, staff interview, and record review, the group home for persons with intellectual disabilities (GHPID) facility failed to establish a written policy and procedure that describes the use of security cameras and recording devices, for six of the six residents residing in the facility. (Residents #1, #2, #3, #4, #5 and #6)

The finding includes:

On March 14, 2012, at 5:08 p.m., a camera was observed mounted on a wall in the dining room.

Health Regulation & Licensing Administration

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

[Handwritten Signature] TITLE *[Handwritten Signature]* (X6) DATE *[Handwritten Signature]*

STATE FORM

6899

U10311

If continuation sheet 1 of 24

Health Regulation & Licensing Administration

| | | | | |
|--|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| I 160 | Continued From page 1 On March 15, 2012, at 10:21 a.m., the house manager (HM) was asked about the camera. She stated that the camera was functioning and explained that the facility had been burglarized and property stolen while the residents were vacationing. The qualified intellectual disabilities professional (QIDP) joined the conversation moments later. She stated there were cameras installed in the living room, dining room and kitchen. The QIDP would review recordings made by the 3 cameras approximately twice a week. She further stated that no cameras were used in bedrooms or bathrooms to ensure the residents' privacy during personal care. Further interview revealed there were no established policies governing the use of surveillance cameras and recording devices. On March 16, 2012, beginning at 1:15 p.m., review of the policies and procedures manual confirmed that the GHPID was without written policies governing the use of surveillance cameras and recording devices. This was again confirmed by the director during the Exit conference later that afternoon, at approximately 4:00 p.m. | I 160 | :160 The HRC is scheduled to meet April 26, 2012 specifically to discuss the security camera. Their decision will be documented in the minutes and followed by BRA.....04-27-12 BRA will develop a policy and procedures to be followed for the use of the cameras in each home. In the future, the administrator will ensure that we have followed the guidelines outlined in that policy and ensure that all human rights issues are discussed by the HRC committee prior to consideration and implementation of these issues.....05/-06-12 | |
| I 180 | 3508.1 ADMINISTRATIVE SUPPORT Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans. This Statute is not met as evidenced by: Based on staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that the qualified intellectual disabilities professional (QIDP) coordinated services (i.e. exchange of | I 180 | | |

Health Regulation & Licensing Administration

| | | | | |
|---|---|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4829 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| I 180 | <p>Continued From page 2</p> <p>information across disciplines), for one of the three residents in the sample. (Resident #3)</p> <p>The finding includes:</p> <p>On March 13, 2012, beginning at approximately 6:30 p.m., observations during the dinner meal revealed that all of Resident #3's food was of a ground texture.</p> <p>On March 16, 2012, at 12:05 p.m., review of Resident #3's Annual Nutrition Assessment, dated August 2, 2011, revealed the nutritionist recommended changing the resident's diet to include ground textured foods because the resident was sometimes known to swallow quickly without chewing his foods thoroughly. The nutritionist wrote: "Speech needs to agree that ground is the best texture for him." At 12:08 p.m., review of the resident's Speech Evaluation, dated August 7, 2011, revealed no mention of diet textures in the evaluation report. Continued review of the resident's record revealed no evidence that the speech/ language pathologist had been consulted since the August 7, 2011 evaluation. In addition, there was no evidence that the speech/ language pathologist had been made aware of the nutritionist's recommendation and/or offered an opinion regarding Resident #3's diet textures.</p> <p>When interviewed on March 16, 2012, at approximately 12:20 p.m., the house manager stated that staff routinely implemented the nutritionist's recommendation for ground texture foods. She believed the speech/ language pathologist had reviewed and approved the change to ground texture. However, during the Exit conference that afternoon, at approximately 4:10 p.m., the QIDP indicated that she was</p> | I 180 | <p>The Speech Pathologist will be contacted by the QIDP to confirm agreement with the ground texture diet for Client #3...4-21-12</p> <p>The speech pathologist will provide a progress note confirming her opinion...4-21-12</p> <p>In the future, the QIDP will review all assessments and track recommendations through implementation...4-19-12</p> <p>The QIDP will review the medical records monthly to ensure that all new recommendations are implemented in a timely manner...5-1-12</p> | |

Health Regulation & Licensing Administration

| | | | |
|---|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | |
| (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 |
| I 180 | Continued From page 3 unsure whether the speech/ language pathologist had reviewed Resident #3's diet texture. She further indicated that it was "unlikely" that the nutritionist's August 2, 2011, evaluation report (with recommendations) was available for the speech pathologist's review five days later, on August 7, 2011. In addition, the QIDP acknowledged that Resident #3's physician's order sheets failed to reflect a ground texture diet. There was no evidence that the QIDP coordinated the exchange of information between disciplines to ensure that Resident #3 received foods in a texture best suited to meet his needs. | I 180 | |
| I 229 | 3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (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; This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that staff received effective training on residents' physical therapy/ safety needs, for one of the three residents in the sample. (Resident #2) The finding includes: On March 14, 2012, beginning at 1:08 p.m., Resident #2's one to one staff (from the GHPID) escorted the resident to the nurse's office at the day program. Interview with the one to one staff | I 229 | |

Health Regulation & Licensing Administration

| | | | | | |
|---|--|--|--|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 | |
| I 229 | Continued From page 4 at that moment revealed the resident did not "look good," "is jumpy," and he thought the resident may soon have a seizure. After the resident sat in the nurse's office, the one to one staff removed the resident's safety helmet. When the licensed practical (LPN) nurse tried to take the resident's blood pressure, at 1:10 p.m., the resident threw himself to the floor and refused to get back into the chair. At 1:16 p.m., the resident sat back in the chair after the one to one staff offered him a cup of juice. The one to one staff put the resident's helmet back on and the nurse proceeded to check the resident's vital signs. Interview with the facility's one to one staff on March 14, 2012, at 1:30 p.m., revealed the resident wore the helmet during "waking hours" to protect his head when he displays a behavior or to protect his head in the event that he had a seizure. Further interview at 4:08 p.m., revealed he took the resident's helmet off because the nurse was going to check the resident's vitals. Interview with the registered nurse and the qualified intellectual disabilities professional (QIDP) in the residence, at 4:17 p.m., revealed Resident #2's staff should not have removed the helmet, especially given that the staff thought the resident might have a seizure that day. On March 15, 2012, at 1:19 p.m., review of Resident #2's ambulation protocol, dated November 1, 2011, revealed Resident #2 was required to wear his helmet while awake. Review of the in service training records on March 16, 2012, at 12:35 p.m., revealed that the one to one support staff had received training on Resident #2's physical therapy protocols on November 1, 2011. Observations of the staff on March 14, 2012, | I 229 | The QIDP met with the day program management staff to reinforce the importance of informing the home when Client #2's vital signs are abnormal or the blood pressure is high and for any medical concerns that may arise. The program acknowledged the feedback...4-19-12 The QIDP ensured that the day program had appropriate numbers for the QIDP, home and RN...4-19-12 | | |

Health Regulation & Licensing Administration

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|--|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|--|-------|--|--|
| I 229 | Continued From page 5 however, indicated that the training on Resident #2's physical therapy and safety needs had not been effective. | I 229 | | |
|-------|--|-------|--|--|

| | | | | |
|-------|--|-------|--|--|
| I 291 | 3514.2 RESIDENT RECORDS Each record shall be kept current, dated, and signed by each individual who makes an entry. This Statute is not met as evidenced by: Based on observation, interview and record verification, the group home for persons with intellectual disabilities (GHPID) failed to ensure the maintenance of each resident's record to make certain they were current, accurate and dated, for three of the three residents in the sample. (Residents #1, #2 and #3) | I 291 | | |
|-------|--|-------|--|--|

The findings include:

1. The evening medication nurse failed to accurately document Resident #1's, #2's and #3's participation in their self medication training programs, as follows:

[Cross-refer to I422]

a. Observation on March 13, 2012, at 6:17 p.m., revealed Resident #1 was administered his medications by the facility's licensed practical nurse (LPN). The LPN was observed to punch the resident's medications from the bubble packs. Continued observation revealed the LPN mixed the resident's medications with applesauce and spoon fed/administered the resident his medications. After the resident swallowed his medications, the LPN poured water into a medication cup and administered it to the resident. The LPN then threw the medication cup into the trash.

The RN will meet with the LPNs on 4-30-12 to review all individuals and obtain an update of their abilities to participate in the specific criteria of the self-med process. The self medication evaluation will be simplified and updated so that it is more user friendly and accurate to their current abilities. The first home at Nannie will have all of the self-med forms updated by 5-1-12 and the training will occur and forms will be in place and used by 5-7-12

Health Regulation & Licensing Administration

| | | | |
|---|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | |
| (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) |
| 1291 | <p>Continued From page 6</p> <p>Review of Resident #1's program documentation record on March 15, 2012, at approximately 12:00 p.m., revealed that the resident refused to participate in his self medication program during the aforementioned time. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the resident's participation.</p> <p>b. Observation on March 13, 2012, at 6:42 p.m., revealed Resident #2 was administered his medications by the facility's LPN. She was observed to punch the resident's medications from the bubble packs. The LPN mixed the resident's medication with applesauce and spoon fed/administered the resident his medications. After the resident swallowed his medications, the LPN poured water into a medication cup and administered it to the resident. The LPN then threw the medication cup into the trash.</p> <p>Review of Resident #2's program documentation record on March 15, 2012, at approximately 11:45 a.m., revealed that according to the nurse, the resident refused to place his medications in his mouth, he drank his water independently, and refused to dispose of his cup in the sink or trash during the aforementioned time. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the resident's participation.</p> <p>c. Observation on March 13, 2012, at 7:22 p.m., revealed Resident #3 was administered his medications by the LPN. She was observed to punch the resident's medications from the bubble packs. The LPN mixed Metamucil in a cup of water. Afterwards, the resident swallowed his medications and drank the water. The LPN then</p> | 1291 | |

Health Regulation & Licensing Administration

| | | | | | |
|---|---|--|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 | |
| I 291 | Continued From page 7 took the cup from the resident. Review of Resident #3's program documentation record on March 15, 2012, at approximately 12:00 p.m., revealed that according to the nurse, the resident refused to participate in his self medication program during the aforementioned time. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the resident's participation. 2. The GHPID's nursing services failed to ensure Resident #2's medication administration records (MARs) reflected current and accurate information, as follows: [Cross-refer to I474] On March 13, 2012, beginning at 7:31 p.m., a licensed practical nurse (LPN) administered Lyrica to Resident #2. Review of Resident #2's MAR and his physician's order sheets on March 14, 2012, at approximately 9:00 a.m., revealed the resident was prescribed Lyrica 100mg three times a day. On March 15, 2012, at 5:05 p.m., interview with Resident #2's one to one staff revealed the resident received one dose of Lyrica at the day program. Interview with the registered nurse (RN) supervisor revealed the day program had not been sending the MARs back to the facility. The RN further stated that the facility was required to maintain all MARs, therefore the day program should have been sending the MARs back to the facility. 3. The GHPID's nursing services failed to maintain Resident #1's dental records timely, as follows: | I 291 | | | |

Health Regulation & Licensing Administration

| | | | |
|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | |
| (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) |
| I 291 | <p>Continued From page 8</p> <p>[Cross-refer to Federal Deficiency Report - Citations W331.2 and W356] Resident #3's dental records were reviewed on March 16, 2012, beginning at 11:36 a.m. Consultation reports documented the resident received dental services on May 9, 2011, July 19, 2011, January 24, 2012 and February 13, 2012. The consultation form dated February 13, 2012 indicated that Resident #3 was uncooperative for extraction of tooth #8. The dentist recommended "consult with physician for sedation." Further review of the resident's record failed to show evidence of follow-up services.</p> <p>On March 16, 2012, at approximately 1:30 p.m., the RN spoke by telephone with the facility's LPN Coordinator, who reported having provided nursing services (specifically: she scheduled a dental visit for April 9, 2012, spoke with the primary care physician and communicated with Resident #3's guardian). The RN reviewed the resident's medical chart and acknowledged that there was no written documentation of the most recent activities in the resident's record.</p> <p>4. The GHPID's nursing services failed to document having sent lab reports to Resident #3's urologist in the resident's records, as follows:</p> <p>[Cross-refer to Federal Deficiency Report - Citation W331.1] On March 16, 2012, at 11:52 a.m., review of Resident #3's medical records revealed that the resident was evaluated by a urologist on January 9, 2012. The urologist asked that the facility forward to him the most recent urinalysis and culture sensitivity lab reports. Further review of the resident's record failed to show evidence of follow-up services.</p> <p>When interviewed on March 16, 2012, at</p> | I 291 | |

Health Regulation & Licensing Administration

| | | | | |
|---|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| I 291 | Continued From page 9 approximately 1:15 p.m., the RN stated that she had forwarded the requested information to the urologist on January 9, 2012. When asked how and/or where this had been documented, the RN acknowledged that it was not documented in Resident #3's record. 5. The GHPID's nursing services failed to ensure the accuracy of Resident #3's physician's order sheets (POS), as follows: a. On March 14, 2012, beginning at approximately 6:30 p.m., observations during the dinner meal, revealed Resident #3 was served foods of a ground texture. On March 16, 2012, at 12:05 p.m., review of the resident's Annual Nutrition Assessment (dated August 2, 2011) revealed the nutritionist recommended the following diet: "1200 calorie, low fat, low cholesterol, no added salt, high fiber, ground texture." However, on March 16, 2012, at 12:30 p.m., review of the resident's monthly physician order sheets (POS) for the period September 2011 - March 2012 revealed the following diet order: "1300-1400 calorie, low fat, low cholesterol, no added salt, high fiber." On March 16, 2012, interviews with the HM and QIDP, at 12:25 p.m. and 3:19 p.m., respectively, revealed that staff routinely implemented the nutritionist's recommendation for ground texture foods. The RN reviewed Resident #3's POS and acknowledged that nursing services failed to ensure the accuracy of his diet orders on the POS. 6. The GHPID's qualified intellectual disabilities professional (QIDP) failed to include the date that she entered monthly summary reports into the residents' records, as follows: | I 291 | | |

Health Regulation & Licensing Administration

| | | | |
|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | |
| (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 |
| I 291 | <p>Continued From page 10</p> <p>a. On March 15, 2012, beginning at 4:26 p.m., review of Resident #3's records revealed that the QIDP prepared monthly summary reports of the resident's active treatment training programs. The QIDP summary reports for September 2011, October 2011, November 2011, December 2011, January 2012 and February 2012 all reflected the QIDP's name typed at the end; however, none of the reports were dated.</p> <p>b. On March 16, 2012, beginning at 5:00 p.m., review of Resident #2's monthly QIDP summary reports for the period April 2011 - February 2012 revealed they too were not dated.</p> <p>c. On March 16, 2012, beginning at 12:00 p.m., review of Resident #1's monthly QIDP summary reports for the period February 2011 - February 2012 revealed they too were not dated.</p> <p>The QIDP was asked about the monthly summary reports on March 15, 2012, at 5:35 p.m. She stated that the reports were prepared within the first week of the month following the report period. However, she then acknowledged that the reports did not reflect the dates they were prepared and entered into the residents' records thereby leaving the survey team unable to verify the periodic reviews.</p> | I 291 | |
| I 401 | <p>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>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.</p> | I 401 | |

Health Regulation & Licensing Administration

| | | | |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | |
| (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) |
| I 401 | <p>Continued From page 11</p> <p>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 professional services that included treatment services, and services designed to prevent deterioration or further loss of functioning, for one of the three residents in the sample. (Resident #3)</p> <p>The findings include:</p> <p>1. The GHPID failed to ensure the implementation of Resident #3's urology recommendations, as follows:</p> <p>The evening medication administration was observed on March 13, 2012. At 7:22 p.m., Resident #3 was administered Desmopressin 0.2 mg. On March 16, 2012, at 11:52 a.m., review of the resident's medical records revealed that the resident was evaluated by a urologist on January 9, 2012. The urologist indicated the Desmopressin was prescribed for "urinary urgency/ urge incontinence" and "nocturnal enuresis" and recommended the facility implement a "Voiding Diary." The urologist provided blank Voiding Diary forms for use by facility staff.</p> <p>When interviewed on March 16, 2012, at 1:00 p.m., the house manager (HM) indicated she was not familiar with the Voiding Diary forms and staff were not maintaining a Voiding Diary. At 1:10 p.m., the qualified intellectual disabilities professional (QIDP) indicated she was unaware that the urologist had recommended a Voiding Diary for Resident #3 on January 9, 2012. At approximately 1:15 p.m., the registered nurse</p> | I 401 | <p>W331</p> <p>Staff will be trained on the Voiding Diary forms by...4-28-12 The data collection system will be implemented by...5-1-12 The Home Manager will review the data at minimum weekly to ensure it is properly and routinely collected...5-1-12 The Voiding Diary data will be presented to Urology at the next scheduled appointment...5-1-12 The RN will review all consultation reports and attachments within 3 business days for non-emergency considerations to ensure that all recommendations are reviewed and addressed...5-1-12 Additionally, the RN will review all consultations for the month with the PCP during routine monthly meetings...5-1-12</p> |

Health Regulation & Licensing Administration

| | | | | | |
|---|---|--|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 | |
| I 401 | Continued From page 12 (RN) reviewed Resident #3's medical chart and acknowledged that the Voiding Diary had not yet been implemented. 2. The GHPID failed to ensure the timely implementation of Resident #3's dental recommendations, as follows: a. Resident #3's dental records were reviewed on March 16, 2012, beginning at 11:36 a.m. According to a consultation report dated May 9, 2011, the dentist indicated tooth #8 was "necrotic" and recommended the resident receive either root canal treatment with core build-up or extraction of tooth #8 with a partial denture. Continued review of the record revealed that on January 24, 2012, a dentist recommended extraction of tooth #8. There was no evidence the facility sought treatment of tooth #8 during the eight months prior to Resident #3's January 24, 2012 dental appointment. b. Review of Resident #3's dental records on March 16, 2012, beginning at 11:36 a.m., revealed a consultation form dated July 19, 2011, on which a dentist wrote "no cavities." There was no mention of tooth #8 (which had been deemed "necrotic" in May 2011) on the July 19, 2011 form. Resident #3's records did not reflect any follow-up to the July 19, 2011 dental consultation ("no cavities") was provided by nursing services seeking clarification regarding the status of tooth #8. The RN was interviewed on March 16, 2012, beginning at 1:15 p.m. She stated she was not employed by the facility in July 2011, and she was therefore, unaware of any follow-up that may have occurred. | I 401 | | | |

Health Regulation & Licensing Administration

| | | | | | |
|---|---|--|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 | |
| I 401 | Continued From page 13 c. Continued review of Resident #3's dental records on March 16, 2012, at 11:45 a.m., revealed that on January 24, 2012, the dentist wrote: "patient needs to brush and floss teeth at least twice a day...someone assist with flossing and brushing patient's teeth." On March 16, 2012, at approximately 12:15 p.m., interview with the HM revealed that Resident #3 brushed his teeth before going to bed at night and again in the morning before breakfast. She shook her head to indicate no, the resident did not floss. At approximately 1:10 p.m., the QIDP also indicated that residents were brushing but not flossing their teeth. The QIDP agreed to seek records of Resident #3's dental evaluations prior to May 2011 (they were no longer in his medical record) to determine whether problems with tooth #8 had been identified prior to May 2011. No additional information, however, was made available for review before the survey ended later that afternoon at 3:53 p.m. When interviewed on March 16, 2012, beginning at 1:15 p.m., the RN stated staff would assist residents with flossing if this was prescribed by the dentist. Further discussion revealed that the RN was unaware of the dentist's January 24, 2012 recommendation to brush and floss with staff assistance. [Note: A consultation form documented that Resident #3 returned to the dentist on February 13, 2012 for extraction of tooth #8. However, the dentist indicated he was "uncooperative...consult with physician for sedation." When the RN was interviewed on March 16, 2012, beginning at 1:15 p.m., she stated it was her understanding that Resident #3's tooth #8 had been extracted. Moments later, the RN spoke by telephone with | I 401 | | | |

Health Regulation & Licensing Administration

| | | | | | |
|---|--|--|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4829 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 | |
| I 401 | Continued From page 14 the facility's LPN Coordinator, who reported that Resident #3 was scheduled to return to the dentist (with sedation) for the extraction of tooth #8 on April 9, 2012.] | I 401 | | | |
| I 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, facility staff failed to implement training programs (specifically, self medication training) in accordance with residents' Individual Support Plans, for three of the three residents in the sample. (Residents #1, #2 and #3) The findings include: 1. Observation on March 13, 2012, at 6:17 p.m., revealed Resident #1 was administered his medications by the facility's licensed practical nurse (LPN). The LPN was observed to punch the resident's medications from his bubble packs. The LPN mixed the resident's medications with applesauce and spoon fed/administered the resident his medications. After the resident swallowed his medications, the LPN poured water into a medication cup and administered it to the resident. The LPN then threw the medication cup into the trash. Review of Resident #1's program documentation record on March 15, 2012, at approximately 12:00 p.m., revealed that according to the nurse, the resident refused to participate in his self medication program during the aforementioned time. On the evening of March 13, 2012, | I 422 | The RN will meet with the LPNs on 4-30-12 to review all individuals and obtain an update of their abilities to participate in the specific criteria of the self-med process. The self medication evaluation will be simplified and updated so that it is more user friendly and accurate to their current abilities. The first home at Nannie will have all of the self-med forms updated by 5-1-12 and the training will occur and forms will be in place and used by 5-7-12 | | |

Health Regulation & Licensing Administration

| | | | | | |
|---|---|--|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 | |
| I 422 | Continued From page 15 however, the nurse was not observed offering prompts or encouragement to enlist the resident's participation. Review of Resident #1's Individual Program Plan (IPP) dated January 2, 2012, on March 15, 2012, at approximately 1:00 p.m., revealed a program goal which stated, "[the resident] will independently pour his water from a measuring cup into a drinking cup for medications every evening, between 5:00 p.m. and 7:00 p.m." Further review revealed an objective that stated Resident #1 "will pour his water from a measuring cup into a drinking cup for medications with two verbal cues 75% of the time every evening, between 5:00 p.m. and 7:00 p.m., for twelve months." 2. Observation on March 13, 2012, at 6:42 p.m., revealed Resident #2 was administered his medications by the facility's LPN. She was observed to punch the resident's medications from the bubble packs. The LPN mixed the resident's medication with applesauce and spoon fed/administered the resident his medications. After the resident swallowed his medications, the LPN poured water into a medication cup and administered it to the resident. The LPN then threw the medication cup into the trash. Review of Resident #2's program documentation record on March 15, 2012, at approximately 11:45 a.m., revealed that according to the nurse, the resident refused to place his medications in his mouth, he drank his water independently, and refused to dispose of his cup in the sink or trash during the aforementioned time. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the resident's participation. | I 422 | | | |

Health Regulation & Licensing Administration

| | | | | |
|---|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 | Continued From page 16 Review of Resident #2's IPP, dated September 15, 2011, on March 15, 2012, at 12:30 p.m., revealed a program goal which stated, "[The resident] will require one verbal cue to complete his medication regimen every evening for twelve months." The objective stated the resident will be given three verbal cues 100% of the time to complete his medication regimen every evening between 5:00 p.m., and 7:00 p.m., for twelve months. Further review indicated Resident #2's self medication program was outlined, as follows: - With hand over hand and/or verbal cues from the nurse, the resident will wash his hands; - With hand over hand and/or verbal cues from the nurse, the resident will get a cup; - With hand over hand and/or verbal cues from the nurse, the resident will pour water from a pitcher; - With hand over hand and/or verbal cues from the nurse, the resident will drink water or scoop applesauce and medicine from cup; - With hand over hand and/or verbal cues from the nurse, the resident will dispose of the medication and water cups; 3. Observation on March 13, 2012, at 7:22 p.m., revealed Resident #3 was administered his medications by the LPN. She was observed to punch the resident's medications from the bubble packs. The LPN mixed Metamucil in a cup of water. Afterwards, the resident swallowed his medications and drank the water. The LPN then took the cup from the resident. | 1422 | | |

Health Regulation & Licensing Administration

| | | | | |
|---|---|--|---|--------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 | |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| I 422 | <p>Continued From page 17</p> <p>Review of Resident #3's program documentation record on March 15, 2012, at approximately 12:00 p.m., revealed that according to the nurse, the resident refused to participate in his self medication program during the aforementioned time. On the evening of March 13, 2012, however, the nurse was not observed offering prompts or encouragement to enlist the resident's participation.</p> <p>Review of Resident #3's IPP, dated September 27, 2011, on March 15, 2012, at approximately 1:15 p.m., revealed a program goal which stated, "[the resident] will independently pour his water from a measuring cup into a drinking cup for medications every evening, between 5:00 p.m., and 7:00 p.m." Further review revealed an objective that stated Resident #1 "will pour his water from a measuring cup into a drinking cup for medications with two verbal cues 75% of the time every evening, between 5:00 p.m., and 7:00 p.m., for twelve months."</p> <p>Interview with the registered nurse supervisor on March 15, 2012, at 4:53 p.m., revealed that the evening LPN was expected to encourage the residents to participate in their self medication programs.</p> | I 422 | | |
| I 474 | <p>3522.5 MEDICATIONS</p> <p>Each GHMRP shall maintain an individual medication administration record for each resident.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHPID's) nursing staff failed to ensure all residents' medication</p> | I 474 | | |

Health Regulation & Licensing Administration

| | | | | |
|---|---|--|---|--------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 | |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| I 474 | <p>Continued From page 18</p> <p>administration records (MARs) reflected current and accurate information, for one of the three residents in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>On March 13, 2012, beginning at 7:31 p.m., a licensed practical nurse (LPN) administered Lyrica to Resident #2. Interview with the LPN at that moment revealed that the medication was prescribed to control the resident's seizures.</p> <p>Review of Resident #2's MAR and his physician's order sheets on March 14, 2012, at approximately 9:00 a.m., revealed the resident was prescribed Lyrica 100mg three times a day.</p> <p>On March 15, 2012, at 5:05 p.m., interview with Resident #2's one to one staff revealed the resident received one dose of Lyrica at the day program. Interview with the registered nurse (RN) supervisor revealed the day program had not been sending the MARs back to the facility. The RN further stated that the facility was required to maintain all MARs, therefore the day program should have been sending the MARs back to the facility.</p> <p>At the time of the survey, the GHPID failed to maintain all MARs for Resident #2.</p> | I 474 | <p>The QIDP spoke with the day program management staff of Client #2 to ensure that they understood the importance of consistently providing the home with the MARs for the noon Lyrica...4-19-12</p> <p>The day program provided up-to-date MAR copies on the meeting date and confirmed they will consistently send the data monthly...4-19-12</p> <p>The QIDP or RN will audit monthly to ensure that the data is received and will contact the day program if the MARs are not sent by the 10th of the month...5-10-12</p> | |
| I 500 | <p>3523.1 RESIDENT'S RIGHTS</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.</p> | I 500 | | |

Health Regulation & Licensing Administration

| | | | | |
|---|---|--|---|--------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 | |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4829 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| 1500 | <p>Continued From page 19</p> <p>This Statute is not met as evidenced by: Based on observations, interviews and record review, the group home for persons with intellectual disabilities (GHPID) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and federal regulations 42 CFR 483 Sub-Part 1 (for Intermediate Care Facilities for Persons with Mental Retardation), for six of the six residents of the GHPID. (Residents #1, #2, #3, #4, #5 and #6)</p> <p>The findings include:</p> <p>1. [483.440(f)(3)(iii)] The GHPID failed to seek its Human Rights Committee's review and approval for the use of surveillance and recording devices within the facility, as follows:</p> <p>On March 14, 2012, at 5:08 p.m., a camera was observed mounted on a wall in the dining room. On March 15, 2012, at 10:21 a.m., the house manager (HM) was asked about the camera. She stated that the camera was functioning and explained that the facility had been burglarized and property stolen while the residents were vacationing. The qualified intellectual disabilities professional (QIDP) joined the conversation moments later. She stated there were cameras installed in the living room, dining room and kitchen. The QIDP would review recordings made by the 3 cameras approximately twice a week. She further stated that no cameras were used in bedrooms or bathrooms to ensure the residents' privacy during personal care. Further interview revealed there was no established policy governing the use of surveillance cameras, the resident's guardians had not been made aware of the cameras and recording devices, and the</p> | 1500 | <p>The HRC is scheduled to meet April 26th, specifically to discuss the security cameras. Their decision will be documented in the minutes and followed...4-27-12 In the future, the administrator will ensure that all human rights concerns are discussed by the HRC prior to implementation for all non-emergency considerations...5-1-12</p> | |

Health Regulation & Licensing Administration

| | | | | |
|---|---|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| I 500 | Continued From page 20 facility's specially-constituted committee (i.e. Human Rights Committee, HRC) had not been asked to review the use of the surveillance equipment. On March 16, 2012, beginning at 12:15 p.m., review of the minutes and agendas for HRC meetings held since March 2011 confirmed that the committee had not reviewed the use of surveillance cameras and recording devices within the facility. This was again confirmed by the director during the Exit conference later that day, at approximately 4:00 p.m. 2. The GHPID failed to ensure Resident #3 received professional services that included treatment services, and services designed to prevent deterioration or further loss of functioning, as follows: [Cross-refer to I401] a. The GHPID failed to ensure the implementation of Resident #3's urology recommendations, as follows: The evening medication administration was observed on March 13, 2012. At 7:22 p.m., Resident #3 was administered Desmopressin 0.2 mg. On March 16, 2012, at 11:52 a.m., review of the resident's medical records revealed that the resident was evaluated by a urologist on January 9, 2012. The urologist indicated the Desmopressin was prescribed for "urinary urgency/ urge incontinence" and "nocturnal enuresis" and recommended the facility implement a "Voiding Diary." The urologist provided blank Voiding Diary forms for use by facility staff. | I 500 | Staff will be trained on the Voiding Diary forms by...4-28-12 The data collection system will be implemented by...5-1-12 The Home Manager will review the data at minimum weekly to ensure it is properly and routinely collected...5-1-12 The Voiding Diary data will be presented to Urology at the next scheduled appointment...5-1-12 The RN will review all consultation reports and attachments within 3 business days for non-emergency considerations to ensure that all recommendations are reviewed and addressed...5-1-12 Additionally, the RN will review all consultations for the month with the PCP during routine monthly meetings...5-1-12 | |

Health Regulation & Licensing Administration

| | | | |
|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | |
| (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 |
| I 500 | <p>Continued From page 21</p> <p>When interviewed on March 16, 2012, at 1:00 p.m., the house manager (HM) indicated she was not familiar with the Voiding Diary forms and staff were not maintaining a Voiding Diary. At 1:10 p.m., the qualified intellectual disabilities professional (QIDP) indicated she was unaware that the urologist had recommended a Voiding Diary for Resident #3 on January 9, 2012. At approximately 1:15 p.m., the registered nurse (RN) reviewed Resident #3's medical chart and acknowledged that the Voiding Diary had not yet been implemented.</p> <p>b. The GHPID failed to ensure the timely implementation of Resident #3's dental recommendations, as follows:</p> <p>1) Resident #3's dental records were reviewed on March 16, 2012, beginning at 11:36 a.m. According to a consultation report dated May 9, 2011, the dentist indicated tooth #8 was "necrotic" and recommended the resident receive either root canal treatment with core build-up or extraction of tooth #8 with a partial denture. Continued review of the record revealed that on January 24, 2012, a dentist recommended extraction of tooth #8. There was no evidence the facility sought treatment of tooth #8 during the eight months prior to Resident #3's January 24, 2012 dental appointment.</p> <p>2) Review of Resident #3's dental records on March 16, 2012, beginning at 11:36 a.m., revealed a consultation form dated July 19, 2011, on which a dentist wrote "no cavities." There was no mention of tooth #8 (which had been deemed "necrotic" in May 2011) on the July 19, 2011 form. Resident #3's records did not reflect any follow-up to the July 19, 2011 dental consultation ("no cavities") was provided by nursing services</p> | I 500 | <p>Client #3 was scheduled to have the tooth extracted on April 9th but this consultation did not occur. It has been rescheduled for May 4th...5-4-12</p> <p>Beginning May 2012, the QIDP, Home Manager and RN will meet monthly to review the status of the previous month's medical consultations for each person and to plan implementation of the upcoming month's consultations. This will prevent needed follow up from "falling through the cracks"...5-1-12</p> <p>Additionally, the RN will review the medical records of each person supported monthly...5-1-12</p> <p>Staff has not been properly trained on flossing assistance. The RN will train staff on providing flossing assistance to each person and will provide a step by step guideline to be used daily as a reference...5-1-12</p> <p>Staff will begin flossing assistance after the training...5-1-12</p> |

Health Regulation & Licensing Administration

| | | | | | |
|---|---|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 03/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 | | |
| (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 |
| I 500 | Continued From page 22 seeking clarification regarding the status of tooth #8. The RN was interviewed on March 16, 2012, beginning at 1:15 p.m. She stated she was not employed by the facility in July 2011, and she was therefore, unaware of any follow-up that may have occurred. 3) Continued review of Resident #3's dental records on March 16, 2012, at 11:45 a.m., revealed that on January 24, 2012, the dentist wrote: "patient needs to brush and floss teeth at least twice a day...someone assist with flossing and brushing patient's teeth." On March 16, 2012, at approximately 12:15 p.m., interview with the HM revealed that Resident #3 brushed his teeth before going to bed at night and again in the morning before breakfast. She shook her head to indicate no, the resident did not floss. At approximately 1:10 p.m., the QIDP also indicated that residents were brushing but not flossing their teeth. The QIDP agreed to seek records of Resident #3's dental evaluations prior to May 2011 (they were no longer in his medical record) to determine whether problems with tooth #8 had been identified prior to May 2011. No additional information, however, was made available for review before the survey ended later that afternoon at 3:53 p.m. When interviewed on March 16, 2012, beginning at 1:15 p.m., the RN stated staff would assist residents with flossing if this was prescribed by the dentist. Further discussion revealed that the RN was unaware of the dentist's January 24, 2012 recommendation to brush and floss with staff assistance. | | I 500 | The Home Manager will observe flossing assistance at minimum once weekly for each person supported...5-1-12 | |

Health Regulation & Licensing Administration

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-088 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/16/2012 |
|--|--|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER BEHAVIOR RESEARCH ASSOCIATES | STREET ADDRESS, CITY, STATE, ZIP CODE 4629 NH BURROUGHS AVE, NE WASHINGTON, DC 20019 |
|---|--|

| (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 |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

I 500 Continued From page 23

I 500

[Note: A consultation form documented that Resident #3 returned to the dentist on February 13, 2012 for extraction of tooth #8. However, the dentist indicated he was "uncooperative...consult with physician for sedation." When the RN was interviewed on March 16, 2012, beginning at 1:15 p.m., she stated it was her understanding that Resident #3's tooth #8 had been extracted. Moments later, the RN spoke by telephone with the facility's LPN Coordinator, who reported that Resident #3 was scheduled to return to the dentist (with sedation) for the extraction of tooth #8 on April 9, 2012.]