

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARLS PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>404 NEWCOMB ST, SE WASHINGTON, DC 20032</b>
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1 000	<p><b>INITIAL COMMENTS</b></p> <p>A licensure survey was conducted from March 7, 2013, through March 8, 2013. A sample of three residents was selected from a population of one female and four males with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home, one day program, interviews with residents, direct support staff, nursing and administrative staff, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1 000	<p><i>Review 4/5/13</i></p> <p>Department of Health Health Regulation &amp; Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
1 043	<p><b>3502.2(c) MEAL SERVICE / DINING AREAS</b></p> <p>Modified diets shall be as follows:</p> <p>(c) Reviewed at least quarterly by a dietitian.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for individuals with intellectual disabilities (GHID) failed to ensure that the resident's modified diet for residents had been reviewed at least quarterly by a dietitian for one of the three residents included in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>On March 8, 2013, beginning at 8:15 a.m., Resident #1 was observed sitting in his bedroom. The resident appeared to be overweight.</p>	1 043		

Health Regulation & Licensing Administration <i>Karen Hutchinson, CEO</i> LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>4/4/13</b>
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1043	<p>Continued From page 1</p> <p>Review of Resident #1's medical record on March 8, 2013, beginning at 3:30 p.m. revealed a Nutritional Assessment dated October 28, 2012. Continued review of the assessment revealed the resident's ideal body weight (IBW) was 160 -196 lbs., and that the resident's weight at that time was 249.6 lbs. According to the assessment, the resident had gained 53 lbs. over his IBW. The nutritionist continued the diet order for an 1800 Kcal low fat, low cholesterol, and low sodium.</p> <p>Review of the resident's weight chart revealed that he weighed 249.2 lbs. in October 2012, 252 lbs. in November 2012, 252.1 lbs. in Dec 2012, 256.8 lbs. in January 2013 and 251 lbs. in February 2013.</p> <p>Observation of the dinner meal on March 8, 2013, beginning at 5:00 p.m. revealed Resident seated with Residents #2, #3, and #5 at the facility's dining table. Interview staff on March 8, 2013, at 5:03 p.m. revealed Resident #3 had a meal preparation program objective. Resident #3 was observed to each of the resident's plates with staff's assistance. The resident was observed to use a measuring cup to measure the mashed potatoes and mixed vegetables prepared by the direct care staff. The direct care staff was observed to use a scale to measure the chicken that she removed from the chicken wings. According to the direct care staff, on March 8, 2013, revealed she substituted the chicken in place of the beef stew that was on the menu.</p> <p>At the time of the survey, there was no documented evidence that GHIIP ensured Resident #1's modified diet was reviewed at least quarterly by a dietitian after October 28, 2012.</p>	1043	<p>&gt; The dietician is required to complete quarterly reports per the contract and policy requirements. The Dietician came to the home within 2 days and updated the quarterly reports for all the individuals.</p> <p>&gt; The QA policy was revised and updated to ensure that Quarterly reports for all disciplines are conducted timely and mailed to the individuals' Service Coordinator. The interim Residential Director will be responsible for ensuring the Dietitian provide monthly reports</p> <p>&gt; A new QA checklist has been developed by the interim Residential Director to ensure that there is a system to check for submission of Quarterly reports. The QA checklist will be completed by the QA Coordinator on a monthly basis.</p> <p>&gt; The QA Coordinator will utilize the Checklist to ensure quarterly reports by all disciplines are submitted timely and feedback is provided to the Residential Director. Additionally, the Residential Director will conduct bi-weekly checks and balances of the books to ensure the individuals' records are updated</p>

4/1/2013



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1379	Continued From page 3	1379		
1379	<p>3519.10 EMERGENCIES</p> <p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure unusual incidents that interfered substantially with the resident's health were reported immediately to the Department of Health, Health Regulation and Licensing Administration (DOH/HRLA), for one of the three residents in the facility. (Resident #2)</p> <p>The finding includes:</p> <p>Interview with the health services program coordinator (HSPC) from the Health Regulation and Licensure Division (HRLA) on March 7, 2013, at 10:24 a.m. revealed there was an incident dated February 22, 2013, involving Resident #2. Further interview with the HSPC revealed the resident was complaining of chest pains at his day program and was transported via ambulance to a local emergency room hospital.</p> <p>Interview with the interim residential director (IPD) on March 7, 2013, at 9:40 a.m. revealed the</p>	1379		4/30/2013

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1379	Continued From page 4  facility's incident management coordinator (If was responsible for reporting incidents to the department of health (DOH).  At the time of the survey, there was no documented evidence that the aforementioned incident involving Resident #2 was reported to DOH within 24 hours as required.	1379	Incident Management Coordinators for Carl's Place have been notified that all incidents must be reported to the Department of Health upon notification of the incident. Failure to report incidents to the Department of Health timely may result in progressive disciplinary actions. Carl's Place is in process of increasing their Incident Managers for the agency. The Support Coordinator is currently attending training the week of April 1-4, 2013. Carl's Place will have two Incident Management Coordinators who will ensure all incidents are reported to Department of Health in a timely manner. In addition to having two Incident Management Coordinators for Carl's Place, The QA Coordinator will follow up systemically to ensure incidents are reported to all required government entities in a timely manner. The QA Coordinator and CEO will have oversight of ensure that incidents are reported within the required timeframe to the Department of Health.	
1481	<b>3522.8 MEDICATIONS</b>  Each medication shall be stored in its original container and shall not be transferred to any container or taken or used by another person.  This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for individuals with intellectual disabilities (GHID) failed to ensure all resident's medications were kept in their original containers for one of the five residents residing in the facility. (Resident #4)  The findings include:  Interviews conducted with the direct care staff and the licensed practical nurse (LPN #1) on March 8, 2013, at 5:30 p.m. and 5:33 p.m. respectively, revealed that Resident #4 participates in a self-medication administration program. It also was revealed that the resident's medications were stored in a locked box.  At 5:38 p.m., observation and interview with the facility's nurse revealed the resident's medications were kept in a locked box in his bedroom. Continued interview with the nurse revealed the nursing staff had removed Resident #4's medications from its original containers and placed in two pill boxes, one designated for a.m.			

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1481	Continued From page 5 and one for p.m.  Review of Resident #4's physician's orders dated March 1, 2013, on March 8, 2013, at 6:00 p.m. revealed some of the the resident's medications prescribed included Carbamide Peroxide 6.5 %, Propranolol 10 mg, take one tablet by mouth twice a day, Gemfib 600 milligrams (mg), one tab every morning and every evening, Divalproex Sodium DR 500, take one tablet twice a day, Paroxetine HCL 20 mg, one tablet at bedtime, and Quetiapine Fumarate 100 mg, take one tablet at bedtime.  At the time of the survey, the GHIP failed to store each of Resident #4's aforementioned medications in their original containers.	1481		4/30/2013
			<ul style="list-style-type: none"> <li>➤ ➤ The nurse will provide additional medication supports to the individuals. The medication will remain in its original package until the time of the medication dosage.</li> <li>➤ ➤ All medications will be stored in a safe secured area at all times. The Nurse Will not pre-pour medications unless a successful self-medication evaluation has been completed and the individuals' can successfully dispense the medications without assistance</li> <li>➤ ➤ The RN will provide increased oversight of the medication administration for those individuals who can self medication as well as those individuals who receive medications from the LPN</li> <li>➤ ➤ Quality Assurance Coordinator and RN will review MAR's and monitor medication Administration at least 2 times a month. The review will consist of proper storing and dispensing of medications. Correct documentation, and Correct dosage- coincides with the Physicians Orders.</li> </ul>	

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R 125	<p><b>4701.5 BACKGROUND CHECK REQUIREMENT</b></p> <p>The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure criminal background checks for all jurisdictions in which the employees had worked or resided within the 7 years prior to the check for two (2) of nine (9) staff employed. (Staff #5 and #9)</p> <p>The findings include:</p> <p>Review of the personnel files on March 8, 2013, beginning at 11:05 a.m., revealed the GHIID failed to provide evidence of a criminal background check that disclosed a seven year history of all jurisdictions where two staff worked and/or resided at the time of the survey.</p> <p>1. Staff #5 was on hired January 4, 2013. A background check was conducted on October 2012, where he/she lived and previously worked, but did not have a background check in the jurisdiction for her new position as residence director which she presently works.</p> <p>2. Staff #9, the facility chief executive officer, who has direct resident access, did not have a criminal background on file for review at the time of the survey.</p> <p>On March 8, 2013, at approximately 3:15 p.m.</p>	R 125	<ul style="list-style-type: none"> <li>&gt; The CEO will obtain a Comprehensive Criminal Background check in accordance with DOH requirements</li> <li>&gt; All staff employed with Carl's Place will have a criminal background check prior to employment and those already employed who do not have the Criminal Background check will be removed from the schedule if they work directly with individuals.</li> <li>&gt; Criminal background checks will be required for all staff regardless of title or position</li> <li>&gt; The QA Coordinator will conduct quarterly personnel record review to ensure Criminal Background checks are completed timely</li> </ul>	4/30/2013

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TITLE

(X6) DATE

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

STATE FORM

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If continuation sheet 1 of 2

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R 125	Continued From page 1  during an exit interview with the residence director (RD) she acknowledged the aforementioned findings. There were no additional documents given to the surveyor for review by the end of the exit.	R 125		