

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

PRINTED: 11/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2012
--	--	--	--

NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 14TH STREET, SE WASHINGTON, DC 20003
---	--

(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	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted from October 17, 2012 through October 18, 2012. A sample of three clients was selected from a population of five males and one woman with varying degrees of intellectual disabilities. This survey was initiated utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations in the home and two day programs, interviews with one client, direct support staff, nursing and administrative staff, as well as a review of client 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> <p>W 368 483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that clients' medications were administered in accordance with physician's orders, for one of the three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>The facility's nursing staff failed to ensure Client #3's eyes were washed with Johnson's baby</p>	W 000	<p>Received 11/14/12</p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> <p>W 368 The nurse was retrained on 10/19/12 by the Director of Nursing on Drug administration with emphasis on understanding the physician order and cross checking the pharmacy label for all clients medication. The QIDP will monitor all medication nurses daily for one week and then monthly for three months to ensure that all medications are administered correctly to all individuals. (clients). The LPN 1 was retrained by the DON (Director of Nursing) on 10/19/12</p>	
-------	---	-------	---	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Spney Steph</i>	TITLE President	(X6) DATE 11/14/12
---	------------------------	---------------------------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 11/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 14TH STREET, SE WASHINGTON, DC 20003
--	--

(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 368 Continued From page 1
shampoo, as follows:

Observation conducted at the day program on October 17, 2012, at 11:00 a.m., revealed Client #3 was sitting at the table with his classmates assembling a worked puzzle with verbal and some physical assistance from day program staff #1 (DPS1). The client's eyes remained closed as he worked on his puzzle. Interview with DPS1 stated that Client #3 was legally blind in both eyes. Continued observations later that evening at approximately 5:18 p.m., revealed licensed practical nurse #1 (LPN1) was observed to sanitize his hands prior to administering Isopto Tears one drop to each eye during the medication administration pass.

On October 18, 2012, at approximately 9:05 p.m., review of the medical records revealed current physician's orders (POS) dated October 2012. The POS revealed the client had a diagnosis of blindness due to congenital cataracts. Further review of the POS revealed under treatment, staff was to use Johnson's baby shampoo to wash Client #1's eyes twice daily before applying Isopto Tears.

Interview with the facility's registered nurse #1 (RN1) on October 18, 2012, at approximately 3:12 p.m., revealed that Client #1 was diagnosed with Blepharitis on September 19, 2011. As a result, the client was prescribed Isopto tears 0.5% 1 drop to both eyes BID. When asked if the nurses were washing Client #1's eyes twice daily with Johnson's Baby Shampoo before administering the eye drops, RN1 responded by saying that the morning nurse cleaned the client's eyes using the prescribed shampoo. The RN1

W 368 in regards to following physician orders and cross checking with pharmacy label. The RN will monitor the medication nurse weekly, for one month to ensure that all drugs are administered in compliance with physician orders. The following will be emphasized:

- Review the physician orders for all the Individuals.
- Match the physician orders with medication labels and MAR.
- Demonstrate (role play) medication pass.

(Attachment #1)

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

PRINTED: 11/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 14TH STREET, SE WASHINGTON, DC 20003
--	--

(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 368 Continued From page 2
however, stated that she was uncertain if the evening nursing staff had cleaned Client #3's eyes using the shampoo prior to administering the Isopto Tears.

A telephone interview conducted with licensed practical nurse #1 (LPN1) who administered the client's eye drops on the evening of October 17, 2012, revealed that on October 18, 2012, at approximately 3:45 p.m., he did not clean the client's eyes with shampoo prior to administering the Isopto Tears, as prescribed.

W 368

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 14TH STREET, SE WASHINGTON, DC 20003
--	--

(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
--------------------	--	---------------	---	--------------------

1 000 INITIAL COMMENTS

1 000

A licensure survey was conducted from October 17, 2012 through October 18, 2012. A sample of three residents was selected from a population of five males and one woman with varying degrees of intellectual disabilities.

The findings of the survey were based on observations in the home and two day programs, interviews with one resident, direct support staff, nursing and administrative staff, 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.]

1 401 3520.3 PROFESSION SERVICES: GENERAL PROVISIONS

1 401

Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.

This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure professional services included both diagnosis and evaluation including identification of treatment services and services designed to prevent deterioration or further loss of function, for one of the three residents in the sample. (Resident #3)

The finding includes:

Health Regulation & Licensing Administration

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

Conroy Stephen

TITLE

President

(X6) DATE

11/14/12

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 14TH STREET, SE WASHINGTON, DC 20003
--	--

(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	<p>Continued From page 1</p> <p>The GHPID's nursing staff failed to ensure Resident #3's eyes were washed with Johnson's baby shampoo, as follows:</p> <p>Based on observation, interview and record review, the GHPID failed to ensure that residents' medications were administered in accordance with physician's orders, for one of the three residents in the sample. (Resident #3)</p> <p>The finding includes:</p> <p>The GHPID's nursing staff failed to ensure Resident #3's eyes were washed with Johnson's baby shampoo, as follows:</p> <p>Observation conducted at the day program on October 17, 2012, at 11:00 a.m., revealed Resident #3 was sitting at the table with his classmates assembling a worked puzzle with verbal and some physical assistance from day program staff #1 (DPS1). The resident's eyes remained closed as he worked on his puzzle. Interview with DPS1 stated that Resident #3 was legally blind in both eyes. Continued observations later that evening at approximately 5:18 p.m., revealed licensed practical nurse #1 (LPN1) was observed to sanitized his hands prior to administering Isopto Tears one drop to each eye during the medication administration pass.</p> <p>On October 18, 2012, at approximately 9:05 p.m., review of the medical records revealed current physician's orders (POS) dated October 2012. The POS revealed the resident had a diagnosis of blindness due to congenital cataracts. Further review of the POS revealed under treatment, staff was to use Johnson's baby shampoo to wash Resident #1's eyes twice daily before applying</p>	I 401	<p>The nurse was retrained on 10/19/12 by the Director of Nursing on Drug Administration with emphasis on understanding the physician order and cross checking the pharmacy label for all clients medications. The QIDP will monitor all medication nurses daily for one week and then monthly for three months to ensure that all medications are administered correctly to all individuals. (clients). The LPN 1 was retrained by the DON (Director of Nursing) on 10/19/12 in regards to following physician orders and cross checking with pharmacy label. The RN will monitor the medication nurse weekly, for one month to ensure that all drugs are administered in compliance with physician orders. The following will be emphasized:</p> <ul style="list-style-type: none"> - Review the physician orders for all the individuals. - Match the physician orders with medication labels and MAR. - Demonstrate (role play) medication pass. 	
-------	--	-------	---	--

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 14TH STREET, SE WASHINGTON, DC 20003
--	--

(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	<p>Continued From page 2</p> <p>Isopto Tears.</p> <p>Interview with the GHPID's registered nurse #1 (RN1) on October 18, 2012, at approximately 3:12 p.m., revealed that Resident #1 was diagnosed with Blepharitis on September 19, 2011. As a result, the resident was prescribed Isopto tears 0.5% 1 drop to both eyes BID. When asked if the nurses were washing Resident #1's eyes twice daily with Johnson's Baby Shampoo before administering the eye drops, RN1 responded by saying that the morning nurse cleaned the resident's eyes using the prescribed shampoo. The RN1 however, stated that she was uncertain if the evening nursing staff had cleaned Resident #3's eyes using the shampoo prior to administering the Isopto Tears</p> <p>A telephone interview conducted with licensed practical nurse #1(LPN1) who administered the resident's eye drops on the evening of October 17, 2012, revealed that on October 18, 2012, at approximately 3:45 p.m., he did not clean the resident's eyes with shampoo prior to administering the Isopto Tears, as prescribed.</p>	I 401		
-------	--	-------	--	--