

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G226	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2014	
NAME OF PROVIDER OR SUPPLIER DC HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6508 EASTERN AVE NE WASHINGTON, DC 20012		
(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 January 27, 2014 through January 28, 2013. A sample of three clients was selected from a population of five men with varying degrees of intellectual disabilities. This survey was conducted utilizing the fundamental survey process.</p> <p>The findings of the survey were based on observations, interviews and review of client and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Hand over Hand Assistance - HOHA Primary Care Physician - PCP House Manager - HM Day Program Staff - DPS Group Home for Individuals with Intellectual Disabilities - GHID Physician's Orders - POS Day Program Case Manager - DPCM Speech and Language Pathologist - SLP Individual Program Plan - IPP Individual Support Plan - ISP Qualified Intellectual Disabilities Professional - QIDP</p>	W 000	<p>Received 2/11/14</p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p>	
W 120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record</p>	W 120		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Gregory Stephen* TITLE *President* (X6) DATE *2/11/14*

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

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W 120	<p>Continued From page 1</p> <p>review, the facility failed to ensure that outside services implemented each client's foot protocol, for one of three clients in the sample. (Client #3)</p> <p>The finding includes:</p> <p>On January 28, 2014, beginning at 12:24 p.m., observations conducted at the day program revealed Client #3 sitting in a wheelchair near a round table with both legs placed on the floor. Continued observations from 12:25 p.m. to 1:05 p.m. revealed the client remained seated in his wheelchair with his feet on the floor while staff engaged the client in different activities (i.e. identifying colors, counting up to ten, tossing objects, etc.).</p> <p>On January 27, 2014, at 3:25 p.m., evening observations revealed DSP #1 placed Client #3's feet on a tan foot stool while the client sat in his wheelchair watching television. Continued observations throughout the evening revealed the client's feet remained elevated off and on while seated in his wheelchair for long periods of time. At approximately 7:10 p.m., interview with DSP #1 revealed Client #3's feet were to remain elevated while sitting due to his lower leg edema.</p> <p>On January 28, 2014, 3:06 p.m., an interview was conducted with DPS #2 via telephone to ascertain why Client#3's feet were not elevated at the day program when seated in the wheelchair for long periods of time. DPS #2 responded by saying, "hold on" and never returned to the telephone. Approximately three minutes later, the DPCM answered the telephone and stated that DPS #2 was aware that Client #3 had a foot protocol, but failed to elevate the client's feet while. DPCM did state however, that DSP #2 would be retrained on</p>	W 120	<p>An in-service training was completed for all the Direct Support Professionals at the day program on 02/03/14. Reviewed the recommendations, instructions, and the responsibilities of the DSP to follow the foot stool protocol and the proper use of foot stool for the client #3 on daily basis. DCHC QIDP and HM will ensure that day program follows all the required protocols to ensure safety for Client#3. DCHC QMRP/HM will make monthly and quarterly visits to ensure the same.</p> <p>Please see Attachment [C].</p>	02/03/14	

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PRINTED: 01/31/2014
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OMB NO. 0938-0391

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W 120	Continued From page 2 Client #3's foot protocol. A second review of Client #3's medical records on January 28, 2014, at 3:15 p.m., revealed current POS dated January 2014. The POS revealed the client had a diagnosis of pedal edema. Further review of the POS revealed that staff should keep Client #3's legs elevated while seated during the day time. It should be noted that Client #3's order to keep his feet elevated during the day was prescribed on April 17, 2012, by the PCP. Interview with the HM on January 28, 2014, at 2:08 p.m., revealed that the facility provided the day program with a foot stool to ensure his feet were elevated. Further interview revealed that the day program had a copy of the POS and a copy of the foot stool protocol dated January 26, 2013. At the time of the survey, the day program staff failed to ensure that Client #3's feet were elevated during the day, as prescribed	W 120	Please see the answer on page 2 of 6.	
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by:	W 249		

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W 249	<p>Continued From page 3</p> <p>Based on observation, interview, and record review, the facility staff failed to ensure each client's communication training program was implemented consistently in all environments, for one of the three clients in the sample. (Clients #3)</p> <p>The finding includes:</p> <p>On January 27, 2014, between 3:12 p.m. and 7:10 p.m., observations revealed Client #3 did not use a tactile communication board during active treatment. At 4:22 p.m., DSP #2 asked Client #3 what snack did he want during snack time, but the client did not respond. When asked, DSP #1 stated that the Client #3 was non-verbal. At 4:28 p.m., Client #3 was observed drinking juice and eating Jell-O with HOHA. At 4:35 p.m., Client #3 was assisted to his bedroom by DSP #3 for a short nap. Continued observations at 6:55 p.m., revealed Client #3 was observed sitting at the dining table eating dinner.</p> <p>Review of Client #3's ISP records on January 28, 2014, at 10:02 a.m., revealed an IPP dated April 8, 2013. The IPP revealed [client name] will touch a tactile communication board to make a choice with 10% independence. Further review of the IPP revealed the following training steps:</p> <ul style="list-style-type: none"> - Staff will place the tactile communication board with symbols in [client's name] reach and explain each symbol to the client (i.e. eat drink, bathroom and bed). - Using hand over hand assistance, allow [client name] to touch each symbol as staff explains the meaning to the client. 	W 249	<p>An In-Service training was completed for Direct Support Professionals at group home on 01/31/14 by the QIDP on the implementation of the communication goal and provided the new skill data sheet to document. The purpose of the implementation of the communication goal and use of the tactile board on regular basis was discussed. The QIDP and HM will ensure that the DSP will implement the communication goal daily or as scheduled consistently</p> <p>Please see attachment [A, B].</p>	01/31/14	

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W 249	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Staff will talk about each symbol. - Staff will ask [client name], "What do you want or what do you want to do?" - [Client name] will touch to express choice. - Staff will respond to choice. - Staff will mark the data sheet according to the client's response. <p>Interview with the HM on January 28, 2014, at 2:28 p.m., revealed that Client #3 had a tactile communication board that was to be used daily and documentation of its use should be done four times a week. At approximately 4:50 p.m., interview with DSP #2 confirmed that Client #3 had a tactile communication board that should be presented while the client was eating, drinking, going to the bathroom and going to bed. Continued interview with DSP #2 revealed that there were several opportunities on January 27, 2014 and January 28, 2014, where the communication board should have been presented to the client. For example: DSP# 2 stated that he should have presented the communication board to Client during snack/dinner time, when the client went to the bathroom room and when the client took a short nap on January 27, 2014.</p> <p>Interview with the QIDP on January 28, 2014, at approximately 5:00 p.m., revealed that Client #3 had a tactile communication board that was used as an alternative means of expressing himself. The QIDP stated that the communication board was part of Client #3's daily goals and objectives.</p>	W 249	Please see the answer on page 2 of 3.	

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W 249	Continued From page 5 At the time of the survey, the facility failed to implement Client #3's communication training program, as recommended by the SLP.	W 249			

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0254	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2014
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1 000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted from January 27, 2014 through January 28, 2013. A sample of three residents was selected from a population of five men with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations, interviews and review of resident and administrative records.</p> <p>Note: The below are abbreviations that may appear throughout the body of this report.</p> <p>Hand over Hand Assistance - HOHA Primary Care Physician - PCP House Manager - HM Day Program Staff - DPS Group Home for Individuals with Intellectual Disabilities - GHIID Physician's Orders - POS Day Program Case Manager - DPCM Speech and Language Pathologist - SLP Individual Program Plan - IPP Individual Support Plan - ISP Qualified Intellectual Disabilities Professional - QIDP</p>	1 000		
1 422	<p>3521.3 HABILITATION AND TRAINING</p> <p>Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the GHIID staff failed to ensure each resident's communication training program was implemented consistently in all environments, for one of the three residents in the sample.</p>	1 422		

Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Erney St...

TITLE
President

(X6) DATE
2/11/14

Health Regulation & Licensing Administration

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I 422	<p>Continued From page 1 (Residents #3)</p> <p>The finding includes:</p> <p>On January 27, 2014, between 3:12 p.m. and 7:10 p.m., observations revealed Resident #3 did not use a tactile communication board during active treatment. At 4:22 p.m., DSP #2 asked Resident #3 what snack did he want during snack time, but the resident did not respond. When asked, DSP #1 stated that the Resident #3 was non-verbal. At 4:28 p.m., Resident #3 was observed drinking juice and eating Jell-O with HOHA. At 4:35 p.m., Resident #3 was assisted to his bedroom by DSP #3 for a short nap. Continued observations at 6:55 p.m., revealed Resident #3 was observed sitting at the dining table eating dinner.</p> <p>Review of Resident #3's ISP records on January 28, 2014, at 10:02 a.m., revealed an IPP dated April 8, 2013. The IPP revealed [resident name] will touch a tactile communication board to make a choice with 10% independence. Further review of the IPP revealed the following training steps:</p> <ul style="list-style-type: none"> - Staff will place the tactile communication board with symbols in [resident's name] reach and explain each symbol to the resident (i.e. eat drink, bathroom and bed). - Using hand over hand assistance, allow [resident name] to touch each symbol as staff explains the meaning to the resident. - Staff will talk about each symbol - Staff will ask [resident name], "What do you want or what do you want to do?" 	I 422	<p>An In-Service training was completed for Direct Support Professionals at group home on 01/31/14 by the QIDP on the implementation of the communication goal and provided the new skill data sheet to document. The purpose of the implementation of the communication goal and use of the tactile board on regular basis was discussed. The QIDP and HM will ensure that the DSP will implement the communication goal daily or as scheduled consistently Please see attachment [A, B].</p>	01/31/14

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I 422	<p>Continued From page 2</p> <ul style="list-style-type: none"> - [Resident name] will touch to express choice. - Staff will respond to choice. - Staff will mark the data sheet according to the resident's response. <p>Interview with the HM on January 28, 2014, at 2:28 p.m., revealed that Resident #3 had a tactile communication board that was to be used daily and documentation of its use should be done four times a week. At approximately 4:30 p.m., interview with DSP #2 confirmed that Resident #3 had a tactile communication board that should be presented while the resident was eating, drinking, going to the bathroom and going to bed. Continued interview with DSP #2 revealed that there were several opportunities on January 27, 2014 and January 28, 2014, where the communication board should have been presented to the resident. For example: DSP# 2 stated that he should have presented the communication board to Resident during snack/dinner time, when the resident went to the bathroom room and when the resident took a short nap on January 27, 2014.</p> <p>Interview with the QIDP on January 28, 2014, at approximately 5:00 p.m., revealed that Resident #3 had a tactile communication board that was used as an alternative means of expressing himself. The QIDP stated that the communication board was part of Resident #3's daily goals and objectives.</p> <p>At the time of the survey, the GHID failed to implement Resident #3's communication training program, as recommended by the SLP.</p>	I 422	Please see the answer on page 2 of 3.	