

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

Received 8/31/12
PRINTED: 08/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2012
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NAME OF PROVIDER OR SUPPLIER METRO HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 5701 13TH STREET, NW WASHINGTON, DC 20011
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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<p>W 000 INITIAL COMMENTS</p> <p>A recertification survey was conducted from August 8, 2012 through August 10, 2012. A sample of three clients was selected from a population of six women 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 program, interviews with direct support staff, nursing and administrative staff, two guardians, and one family member, 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 159 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the qualified intellectual disabilities professional (QIDP) failed to coordinate, integrate, and monitor services, for one of three clients in the sample. (Client #3)</p> <p>The findings include:</p> <p>1. The QIDP failed to ensure that the data collection system was related to the criteria identified in Client #3's money management</p>	<p>W 000</p> <p>The following constitutes the facility's response to the findings of the Department of Health and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies.</p> <p>This plan of correction is prepared as required by the provisions of the Health and Safety Code, 42 CFR and constitutes the facility's written credible plan of correction to address citations W159, W237, W249, W262 and W369 respectively.</p> <p>W 159</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Emily G. Homer* TITLE: *Director of Operations* (X6) DATE: *8/31/12*

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

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W 159 Continued From page 1 objective.

Interview with Staff #7 on August 8, 2012, at 4:10 p.m., revealed that Client #3 sometimes liked to participate in recreational activities, including trips to the store.

Record review on August 10, 2012, a 2:43 p.m., revealed Client #3 had a goal to improve her money management skills. According to the stated objective identified in the individual program plan (IPP), the client "will shop for one of three items for 3 consecutive months, twice a month." The data collection form, however, stated the client "will participate in recreational activities of her choice for 25 minutes for 3 consecutive months." The data collection form required staff to document the recreational activity performed, the duration of the activity, and the client's level of participation.

On August 10, 2012, at 5:05 p.m., interview with the residential director and the acting QIDP revealed a record should be maintained in a manner to measure the client's progress in money management. Further discussion with the acting QIDP confirmed that the objective as stated on the documentation form, however, was not designed to measure the client's progress.

At the time of the survey, there was no evidence the QIDP ensured that the written training program designed to implement the money management objective in Client #3's IPP specified the type of data necessary to monitor her progress.

2. The QIDP failed to ensure continuous active

W 159 The QIDP changed the data collection sheet to reflect percentages so the level of assistance can be measured more effectively, the QIDP also simplified the program steps to reflect the objective and changed the level of assistance key so the data collection can be easily followed. All staff was retrained (8/24/12) on the revised data collection sheet and money management program. The revised money management program was implemented on 8/24/12. The QIDP was in-serviced (8/29/2012) on effective ways to monitor data collection and active treatment. The QIDP and Residential Coordinator implemented (8/24/12) new monitoring strategies to review data collection on a bi-weekly basis as opposed to monthly basis. The QIDP and Residential Coordinator have implemented their new individual schedules (8/24/12) to ensure active treatment is monitored for all individuals on a daily basis. The QIDP and Residential Coordinator will ensure continuous program implementation through bi-weekly monitoring, scheduled training, and as needed trainings to ensure programs for all individuals are implemented as outlined.

[Completion Date: 8/31/12]

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W 159 Continued From page 2
treatment for Client #3.

W 159

On August 8, 2012, at 4:10 p.m., Client #3 was observed yelling loudly. Staff #7 asked her what was wrong, and asked her if she wanted to dance. The client then stopped yelling, but refused to dance.

Interview with Staff #7 on August 8, 2012, at 4:23 p.m. revealed Client #3 dances a little sometimes, depending on her mood. The staff further indicated that the client likes to be alone, but does go on outings with her housemates and to the store sometimes. According to the residential director (RD), the client requires assistance to shop and make all purchases. Further discussion with the RD on August 10, 2012, at 5:05 p.m. revealed the client was receiving training on money management and that her progress was being monitored.

Record review on August 10, 2012, at 2:43 p.m. revealed Client #3 had an individual program plan dated April 4, 2012, that included a goal to improve her money management skills. According to the objective, the client will shop for one of three items for three consecutive months, twice a month. Staff were required to implement and document the training two times a month, and the QIDP was required to review the program monthly. The data collection form, however, revealed the objective was that the client participates in recreational activities of her choice for 25 minutes. The data collection form further required that staff document the activity performed, the duration, and the level of participation.

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W 159	Continued From page 3 Interview with the acting QIDP on August 10, 2012, at 5:05 p.m. revealed that Client #3 was receiving training on money management and that her progress should be monitored. The QIDP stated that she would check the data collection for the money management goal for June and July 2012. After checking for the information, the QIDP revealed that it was available. At the time of the survey, the QIDP failed coordinate services to ensure that Client #3's money management goal was implemented as recommended.	W 159		
W 237	483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each written training program designed to implement the objectives in the individual program plan (IPP), included a data collection system directly related to the outcome of the objective, for one of three clients in the sample. (Client #1) The finding includes: The facility failed to ensure that the data collection system was related to the criteria identified in Client #3's money management objective.	W 237		

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W 237 Continued From page 4

Interview with the staff on August 8, 2012, at 4:10 p.m., revealed that Client #3 sometimes liked to participate in recreational activities, including trips to the store.

Record review on August 10, 2012, a 2:43 p.m., revealed Client #3 had a goal to improve her money management skills. According to the stated objective identified in the IPP, the client "will shop for one of three items for 3 consecutive months, twice a month." The data collection form, however, stated the client "will participate in recreational activities of her choice for 25 minutes for 3 consecutive months." The data collection form required staff to document the recreational activity performed, the duration of the activity, and the client's level of participation.

On August 10, 2012, at 5:05 p.m., interview with the residential director and the acting QIDP revealed a record should be maintained in a manner to measure the client's progress in money management. Further discussion with the acting QIDP confirmed that the objective, as stated on the documentation form, was not designed to measure the client's progress.

At the time of the survey, there was no evidence the QIDP ensured that the written training program designed to implement the money management objective in Client #3's IPP specified the type of data necessary to monitor her progress.

W 249 483.440(d)(1) PROGRAM IMPLEMENTATION

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

W 237

The QIDP implemented (8/24/12) a new money management program that includes revisions to the objective, tasks, and level of assistance key. The training for this issue was addressed in tag W159. The QIDP and Residential Coordinator implemented (8/24/12) new monitoring strategies to review data collection on a bi-weekly basis as opposed to monthly basis. The QIDP and Residential Coordinator have implemented their new individual schedules (8/24/12) to ensure active treatment and program implementation is monitored for all individuals on a daily and as needed basis. [Completion Date: 8/31/12]

W 249

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W 249 Continued From page 5
each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure continuous active treatment, for one of three clients in the sample. (Client #3)

The finding includes:

On August 8, 2012, at 4:10 p.m., Client #3 was observed yelling loudly. Staff #7 asked her what was wrong, and asked her if she wanted to dance. The client then stopped yelling, but refused to dance.

Interview with Staff #7 on August 8, 2012, at 4:23 p.m. revealed Client #3 dances a little sometimes, depending on her mood. The staff further indicated that the client likes to be alone, but does go on outings with her housemates and to the store sometimes. According to the residential director (RD), the client requires assistance to shop and make all purchases. Further discussion with the RD on August 10, 2012, at 5:05 p.m. revealed the client was receiving training on money management and that her progress was being monitored.

Record review on August 10, 2012, at 2:43 p.m. revealed Client #3 had an individual program plan

W 249 The money management program was revised to reflect percentages so the level of assistance can be measured more effectively, the QIDP also simplified the program steps to reflect the objective and changed the level of assistance key so the data collection can be easily followed. The QIDP implemented the new money management program and monitoring strategies on 8/24/12. The QIDP and Residential Coordinator began implementing their new individual schedules on 8/24/12 to ensure active treatment and program implementation is been implemented as required for all individuals.
[Completion Date: 8/31/12]

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W 249 Continued From page 6

dated April 4, 2012, that included a goal to improve her money management skills. According to the objective, the client will shop for one of three items for three consecutive months, twice a month. Staff were required to implement and document the training two times a month, and the QIDP was required to review the program monthly. The data collection form, however, revealed the objective was that the client participate in recreational activities of her choice for 25 minutes. The data collection form further required that staff document the activity performed, the duration, and the level of participation.

Interview with the acting QIDP on August 10, 2012, at 5:05 p.m. revealed the Client #3 was receiving training on money management and that her progress should be monitored. The QIDP stated that she would check the data collection for the money management goal for June and July 2012. After checking for the information, the QIDP revealed that it was available.

At the time of the survey, the facility failed to ensure that Client #3's money management was implemented as recommended.

W 249

W 262 483.440(f)(3)(i) PROGRAM MONITORING & CHANGE

W 262

The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.

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W 262 Continued From page 7

This STANDARD is not met as evidenced by:
Based on interview and record review, the facility failed to ensure the Human Rights Committee (HRC) reviewed and approved the use of sedation for medical appointments, prior to administration to one of three clients in the sample. (Client #2)

The findings include:

Interview with the facility's acting qualified intellectual disabilities professional (QIDP) on August 9, 2012, at 3:43 p.m., revealed that Client #2 required sedation prior to appointments. Record review on August 10, 2012, at 9:37 a.m., revealed the client had a desensitization plan to provide support during medical and dental appointments. Further discussion with the acting QIDP on August 11, 2012, at 4:02 p.m., revealed that prior approval from the HRC is obtained before any sedation is administered to clients, and that a record should be maintained of the prior approvals.

Review of the facility's HRC policy and procedure on record keeping revealed there should be, "Documentation of committee involvement in human rights related situations" and "all correspondence to and from the committee." The review of HRC minutes dated April 16, 2012 revealed incomplete records (no names/signatures) providing documentation of prior approval for sedation administered to Client #2, on the dates identified below:

a. January 31, 2012 - Ativan 2 mg IM 1 hour prior to dental appointment. The request was signed by the family member and LPN #1. There

W 262

The Human Rights Committee Chairperson and the QIDP have been inserviced on the new system that was implemented 8/20/12. The facility has developed a system by where all medication changes will be turned over to the HRC Chairperson. The HRC Chairperson will use a special approval form in between HRC meetings. This will allow for approvals in an expedient manner. The HRC Chairperson will call all members and verbally describe the changes in the medication, and why these medication changes have been recommended. The chairperson will then forward the results of such, and the QIDP will develop an HRC book for each of the homes. Therefore making the HRC approvals, and minutes available to all interested parties of the individuals.
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W 262 Continued From page 8
was no documented evidence that the HRC reviewed and approved the request to administer the sedation until April 16, 2012. Review of the medication administration record (MAR) revealed the client received the medication.
b. March 26, 2012 - Clonazepam, 3 tabs (1 mg, 1 hour prior to ob/gyn appointment) was administered. The request was signed by the family member and LPN #1. There was no documented evidence that the HRC reviewed and approved the request to administer the sedation until April 16, 2012. Review of the MAR revealed the client received the medication.

W 262

Although the prior approval forms for sedation were noted to be attached to the minutes of the identified HRC Meeting minutes, they failed to document review and approval of the sedation by the HRC before they were administered to the client. At the time of the survey, there was no evidence the prior approvals were obtained for sedation prior to administration.

W 369 483.460(k)(2) DRUG ADMINISTRATION

W 369

The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that all drugs were administered without error, for one of six clients residing in the facility. (Client #5)

The finding includes:

On August 8, 2012, at 6:49 p.m., the licensed

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W 369	<p>Continued From page 9</p> <p>practical nurse (LPN #1) was observed to administer Client #5 Metformin HCl 1000 mg, 1 tablet by mouth. The client was observed to be compliant with nurse's instruction for taking her medications by mouth and for the administration of her insulin. At 7:12 p.m., the client began eating her dinner.</p> <p>Review of the client's current physician's orders dated June 1, 2012 at 8:25 p.m., revealed the client was prescribed to receive Metformin HCL 1000 mg , give 1 tablet (1000 mg) by oral route two times a day after meal.</p> <p>Interview with registered nurse (RN #1) on August 8, 2012, at 8:23 p.m., revealed that due to the lateness of the medication administration on that evening, the primary care physician was telephoned to obtain approval for a one-time medication time variance (from 5:00 p.m. to 6:00 p.m.). Further discussion with the RN however, revealed no evidence that permission was granted to administer Client #5's Metformin before she ate her dinner.</p> <p>At the time of the survey, however, the facility failed to ensure that all drugs were administered without error.</p>	W 369	<p>Dr. Jean Welsh, Primary Care Physician, conferred with the endocrinologist to write an order on 08/13/12. The order reads medication Metformin for Individual # 5 can be given at 5p, with or without food with no negative effects. The nurses will be inserviced on contacting the Primary Care Physician or Specialty doctor to clarify any orders pertaining to administration times, and timeframes that fall outside of the regulatory guidelines. Supervising RN will review every 30 days, medication orders, to ensure accuracy of times and administration.</p> <p>[Completion Date: 09/07/12]</p>	

Health Regulation & Licensing Administration

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I 000	INITIAL COMMENTS A relicensure survey was conducted from August 8, 2012 through August 10, 2012. A sample of three residents was selected from a population of six women with varying degrees of intellectual disabilities. The findings of the survey were based on observations in the home and two day program, interviews with direct support staff, nursing and administrative staff, two guardians, and one family member, 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 000	The following constitutes the facility's response to the findings of the Department of Health and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies. This plan of correction is prepared as required by the provisions of Title 22 Public Health and Medicine, Chapter 35 and constitutes the facility's written credible plan of correction to address citations I 080 and I 206 respectively.	
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 observation, staff interview and record verification, the qualified intellectual disabilities professional (QIDP) failed to coordinate, integrate, and monitor services, for one of three residents in the sample. (Resident #3) The findings include: 1. The QIDP failed to ensure that the data collection system was related to the criteria identified in Resident #3's money management goal.	I 180		

Health Regulation & Licensing Administration

Emily J. Horner
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Exec. Director of Operations
(X6) DATE

STATE FORM

6899

KN6R11

If continuation sheet 1 of 5

8/31/12

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2012
NAME OF PROVIDER OR SUPPLIER METRO HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 13TH STREET, NW WASHINGTON, DC 20011		
(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 1 Interview with Staff #7 on August 8, 2012, at 4:10 p.m., revealed that Resident #3 sometimes liked to participate in recreational activities, including trips to the store. Record review on August 10, 2012, a 2:43 p.m., revealed Resident #3 had a goal to improve her money management skills. According to the stated objective identified in the individual program plan (IPP), the resident "will shop for one of three items for 3 consecutive months, twice a month." The data collection form, however, stated the resident "will participate in recreational activities by her choice for 25 minutes three minutes for 3 consecutive months." The data collection form required staff to document the recreational activity performed, the duration of the activity, and the resident's level of participation. On August 10, 2012, at 5:05 p.m., interview with the residential director and the acting QIDP revealed a record should be maintained in a manner to measure the resident's progress in the money management. Further discussion with the acting QIDP confirmed that the objective as stated on the documentation form, however, was not designed to measure the resident progress. At the time of the survey, there was no evidence the facility ensured that the written training program designed to implement the money management objective in Resident #3's IPP specified the type of data necessary to monitor her progress. 2. The QIDP failed to ensure continuous active treatment for Resident #3. On August 8, 2012, at 4:10 p.m., Resident #3 was	I 180	The QIDP changed the data collection sheet to reflect percentages so the level of assistance can be measured more effectively, the QIDP also simplified the program steps to reflect the objective and changed the level of assistance key so the data collection can be easily followed. All staff was retrained (8/24/12) on the revised data collection sheet and money management program. The revised money management program was implemented on 8/24/12. The QIDP was in-serviced (8/29/2012) on effective ways to monitor data collection and active treatment. The QIDP and Residential Coordinator implemented (8/24/12) new monitoring strategies to review data collection on a bi-weekly basis as opposed to monthly basis. The QIDP and Residential Coordinator have implemented their new individual schedules (8/24/12) to ensure active treatment is monitored for all individuals on a daily basis. The QIDP and Residential Coordinator will ensure continuous program implementation through bi-weekly monitoring, scheduled training, and as needed trainings to ensure programs for all individuals are implemented as outlined.	

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I 180	<p>Continued From page 2</p> <p>observed yelling loudly. Staff #7 asked her what was wrong, and asked her if she wanted to dance. The resident then stopped yelling, but refused to dance.</p> <p>Interview with Staff #7 on August 8, 2012, at 4:23 p.m. revealed Resident #3 dances a little sometimes, depending on her mood. The staff further indicated that the resident likes to be alone, but does go on outings with her housemates and to the store sometimes. According to the residential director (RD), the resident requires assistance to shop and make all purchases. Further discussion with the RD on August 10, 2012, at 5:05 p.m. revealed the resident was receiving training on money management and that her progress was being monitored.</p> <p>Record review on August 10, 2012, at 2:43 p.m. revealed Resident #3 had an individual program plan dated April 4, 2012, that included a goal to improve her money management skills. According to the objective, the resident will shop for one of three items for three consecutive months, twice a month. The program implementation and documentation will occur two times a month, and the QIDP will review the program documentation monthly. The data collection form, however, revealed the objective was that the resident participate in recreational activities of her choice for 25 minutes. The data collection form further required that staff document the activity performed, the duration, and the level of participation.</p> <p>Interview with the acting QIDP on August 10, 2012, at 5:05 p.m. revealed that Resident #3 was receiving training on money management and that her progress should be monitored. The</p>	I 180		
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1180 Continued From page 3 1180

QIDP stated that she would check the data collection for the money management goal for June and July 2012. After checking for the information, the QIDP revealed that it was available.

At the time of the survey, the QIDP failed coordinate services to ensure that Resident #3's money management goal was implemented as recommended.

1206 3509.6 PERSONNEL POLICIES 1206

Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties.

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 that all employees and health care professionals had current health certificates, for one (1) of eleven (11) consultants. (C-9)

The finding includes:

On August 9, 2012, beginning at 9:00 a.m., review of the personnel records revealed no evidence of a physician's health inventory certificate for C-9. The qualified intellectual disabilities professional (QIDP) was notified of the missing document.

The Human Resources Department has obtained the Health Certificate for the contracted employees in question on August 22nd, 2012. Metro Homes hired a new Human Resources (HR) Director on August 6th, 2012 to address oversights like this and to oversee all personnel issues and the management of all personnel records.

A new electronic system has been developed and Human Resources will begin to use it as of September 1, 2012 to ensure that all staff's licenses, health certificates, certifications and trainings are kept current.
Completion Date: 8/31/12

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I 206	<p>Continued From page 4</p> <p>On August 10, 2012, at approximately 3:45 p.m., the QIDP and the residential director (RD), stated the agency would recheck the personnel files to ascertain if the results of C-9's health certification were in the file. None was found and they placed a call to human resources for an update, but no additional information was received.</p> <p>At the time of the survey, there was no evidence the facility ensured a current health certificate was maintained for each staff providing services the residents.</p>	I 206	