

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

PRINTED: 08/01/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G219 | (X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____ | (X3) DATE SURVEY COMPLETED 07/26/2012 |
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| NAME OF PROVIDER OR SUPPLIER METRO HOMES, INC | STREET ADDRESS, CITY, STATE, ZIP CODE 615 55TH STREET, NE WASHINGTON, DC 20019 |
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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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W 000 INITIAL COMMENTS

A recertification survey was conducted from July 24, 2012, through July 26, 2012. A sampling of three clients was selected from a population of six clients with varying degrees of intellectual disabilities. The survey was initiated utilizing the fundamental process.

The findings of the survey were based on observations, interviews with staff in the home and at two day programs, as well as a review of the 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

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 one of three clients in the sample. (Client #1)

The finding includes:

On July 25, 2012 at 12:30 p.m., the staff feeding Client #1 his lunch was observed giving him small sips of beverage from a regular cup. During this time, a spout cup was observed on the counter several yards away from the table where the client was being fed his meal. (Note: the staff

W 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 the Health and Safety Code, 42 CFR and constitutes the facility's written credible plan of correction to address citations W120, W159, W189, and W331.

W 120

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

Emily J. Horner

TITLE

Exec. Dir. of Operations

(X6) DATE

8/13/12

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 120 Continued From page 1
indicated that she was helping out and that today was the first time she had fed the client.

On July 25, 2012, at 12:45 p.m., the day program case manager reviewed Client #1's physician's order/mealtime protocol and stated that the client should drink all beverages from a spout cup. Interview with the qualified intellectual disabilities professional (QIDP, Staff #1) on July 26, 2012, at 4:39 p.m. revealed she had sent a spout cup to the day program in the past for the client's use.

Review Client #3's medical records on July 26, 2012, at 4:26 p.m., revealed a physician's order (POS) dated June 12, 2012, prescribed a spout cup. The client's feeding protocol dated October 12, 2011, revealed the speech-language pathologist recommended to provide thin liquids in a spout cup. Additionally, the occupational therapy assessment dated December 2, 2011 recommended to use a spout cup "for controlled drinking." (Note: The client's diagnoses on February 2, 2012, included mild to moderate dysphagia and pneumonia.)

At the time of survey, the day program failed to ensure that Client #1 was provided a spout cup for drinking his beverages as prescribed.

W 120 The adaptive equipment (spout cup) has been submitted to the day program and all staff assigned to Client #1 at the day program received training on identifying individuals needs per mealtime protocol and physician orders. The training also included proper use guidelines.

In addition, the Qualified Intellectual Disability Professional (QIDP) will ensure that day program staff are trained and are implementing the mealtime protocol as outlined for all individuals residing in the facility. The QIDP, Residential Nurse and Residential Coordinator will monitor and oversee all adaptive equipment, mealtime protocols and physician orders for all individuals residing in this facility on a monthly basis to ensure proper implementation. Our weekly adaptive equipment monitoring record will be forwarded to the day program for daily implementation and the QIDP will request copies be submitted to the home on a weekly basis.

[Completion date: 8/24/2012]

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 observation, staff interview and record

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| W 159 | <p>Continued From page 2</p> <p>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 finding includes:</p> <p>The QIDP failed to monitor services to ensure Client #3 received a nutritional supplement at the prescribed frequency.</p> <p>Observation on July 24, 2012, at 6:26 p.m., revealed Client #3 received 8 ounces of Boost Glucose Control (nutritional supplement) during dinner.</p> <p>Interview with Staff #6 on July 24, 2012, at 6:39 p.m., revealed that if Client #3 did not eat most of his food in the evening, he was given 8 ounces of Boost Glucose Control. On July 25, 2012, at 7:25 a.m., interview with Staff #14 revealed that client could have Boost Glucose Control once a day in the morning or evening if he did not eat most of his food. Further discussion with the staff revealed that the time of day that the client received the supplement could be determined by reviewing the food and fluid intake record.</p> <p>On July 26, 2012, at 5:57 p.m., the qualified intellectual disabilities professional (QIDP, Staff #1) revealed the primary care physician (PCP) prescribed to reduce the client's Boost Glucose Control from 8 ounces twice daily to once daily in June 2012. Further discussion with the QIDP revealed that the home manager (Staff #2) and the QIDP monitored the client's records to determine the adequacy their food and fluid intake.</p> | W 159 | <p>The Qualified Intellectual Disability Professional (QIDP) and Residential Coordinator will be in-serviced on 8/3/2012 in the area of effective communication strategies as it relates to reviewing individuals records, communicating bi-monthly with nurses about medical changes, assessment changes, changes to individual protocols, and staff training. The QIDP and Residential Coordinator will meet with the nurse on a bi-monthly basis to ensure all changes in individuals records are communicated effectively.</p> <p>All individuals records will be monitored on a bi-monthly basis and staff will be trained as needed to ensure changes in individuals medical orders are implemented accordingly. The QIDP has in-serviced nursing staff on 8/9/2012 to ensure proper communication as it relates to changes in health status and implementation of medical orders for all individuals. [Completion date: 8/24/2012]</p> |

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W 159 Continued From page 3

W 159

Record review on July 26, 2012 at 10:21 a.m., confirmed that on June 6 2012, the primary care physician (PCP) prescribed to reduce Client #3's Boost Glucose Control (8 ounces) from twice a day to once a day. According to the intake records, however, the client continued to receive Boost Glucose Control, 8 ounces twice a day on 15 days (between June 15, 2012 and July 25, 2012), after the PCP reduced the Boost Glucose Control to 8 ounces a day. (Note: Physician's orders dated June 23, 2012 prescribed a high fiber- 1800 calorie diabetic, pureed diet.)

At the time of the survey, there was no evidence Client #3's intake records were closely monitored to ensure he received the nutritional supplement as prescribed.

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 continuing training that enabled each staff to perform duties effectively, efficiently and competently, for one of three clients in the sample. (Client #3)

The finding includes:

The facility failed to ensure that each staff received ongoing training on the frequency of

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W 189 Continued From page 4
Client # 3's nutritional supplement, as evidenced below:

Observation on July 24, 2012, at 6:26 p.m., revealed Client #3 received 8 ounces of Boost Glucose Control (nutritional supplement) during dinner.

Interview with Staff #6 on July 24, 2012, at 6:39 p.m., revealed that if Client #3 did not eat most of his food in the evening, he was given 8 ounces of Boost Glucose Control. On July 25, 2012, at 7:25 a.m., interview with Staff #14 revealed that client could have Boost Glucose Control once a day in the morning or evening if he did not eat most of his food. Further discussion with the staff revealed that the time of day that the client received the supplement could be determined by reviewing the food and fluid intake record.

On July 26, 2012, at 5:57 p.m., the qualified intellectual disabilities professional (QIDP, Staff #1) revealed the primary care physician (PCP) prescribed to reduce the client's Boost Glucose Control from 8 ounces twice daily to once daily in June 2012. Further discussion with the QIDP revealed that the staff were informed of the diet change.

Record review on July 26, 2012 at 10:21 a.m., confirmed that on June 6 2012, the primary care physician (PCP) prescribed to reduce Client #3's Boost Glucose Control (8 ounces) from twice a day to once a day. According to the intake records, however, the client continued to receive Boost Glucose Control, 8 ounces twice a day on 15 days (between June 15, 2012 and July 25, 2012), after the PCP reduced the Boost Glucose

W 189 The nursing staff have been in-serviced (8/9/12) on the monitoring and communication of physician orders to ensure proper implementation as it relates to the individual's medical changes.

The QIDP has re-trained staff (8/7/12) on the changes and implementation of individuals' mealtime protocols. The QIDP and Residential Coordinator will provide continuous training to all nursing and direct care staff as it relates to adequate oversight of individuals medical records (communication and implementation respectively).

The QIDP will ensure that all individuals records are reviewed on a bi-monthly basis to ensure physician orders are implemented as outlined.
[Completion date: 8/24/12]

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| W 189 | Continued From page 5 Control to 8 ounces a day. | W 189 | | |
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The review of training records on July 26, 2012 at 2:39 p.m., failed to document that each staff had been trained on the amount of Boost Glucose control prescribed for the client was reduced to 8 ounces a day.

At the time of the survey, there was no evidence the each staff received ongoing training to ensure Client #3 received his nutritional supplement at the prescribed frequency.

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

This STANDARD is not met as evidenced by:
Based on interview and record, the facility failed to ensure nursing services were provided in accordance with the needs of one of three residents in the sample. (Resident #3)

The finding includes:

The facility's nursing services failed to ensure Client #3 received his supplemental feeding as prescribed.

Observation on July 24, 2012, at 6:26 p.m., revealed Client #3 received 8 ounces of Boost Glucose Control (nutritional supplement) during dinner.

Interview with Staff #6 on July 24, 2012, at 6:39 p.m., revealed that if Client #3 did not eat most of his food in the evening, he was given 8 ounces of

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W 331 Continued From page 6

Boost Glucose Control. On July 25, 2012, at 7:25 a.m., interview with Staff #14 revealed that client could have Boost Glucose Control once a day in the morning or evening if he did not eat most of his food. Further discussion with the staff revealed that the time of day that the client received the supplement could be determined by reviewing the food and fluid intake record.

On July 26, 2012, at 5:57 p.m., interview with the primary license practical nurse (LPN, Staff 19) revealed that Client # 3 had gained weight while receiving Boost Glucose Control. Further discussion with the LPN revealed that due to the client's weight gain, on June 6, 2012, the primary care physician (PCP) had reduced the prescribed amount of the supplement from 8 ounces twice a day to 8 ounces once a day.

Record review on July 26, 2012 at 10:21 a.m., confirmed that on June 6 2012, the primary care physician (PCP) prescribed to reduce Client #3's Boost Glucose Control (8 ounces) from twice a day to once a day. According to the intake records, however, the client continued to receive Boost Glucose Control, 8 ounces twice a day on 15 days (between June 15, 2012 and July 25, 2012), after the PCP reduced the Boost Glucose Control to 8 ounces a day. The client's annual nutritional assessment dated November 3, 2011, revealed his ideal body weight range for his height of 4 feet, 10 inches, was 86 to 116 pounds. (Note: Physician's orders dated June 23, 2012 prescribed a high fiber- 1800 calorie diabetic, pureed diet.)

At the time of the survey, nursing services failed to closely monitor Client #3's intake of Boost

W 331 The nursing staff have been in-serviced (8/9/12) on the monitoring and communication of physician orders to ensure proper implementation as it relates to the individuals' medical changes. The QIDP has re-trained staff (8/7/12) on changes and implementation of individuals' mealtime protocols. The QIDP and Residential Coordinator will review records on a bi-monthly basis to ensure physician orders are implemented as outlined. The QIDP and Residential Coordinator will provide continuous training to all nursing and direct care staff as it relates to adequate oversight of individuals medical records (communication and implementation respectively).
[Completion date: 8/24/12]

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| W 331 | Continued From page 7 Glucose Control to ensure he received it once daily as prescribed. | W 331 | | |
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| 1 000 | INITIAL COMMENTS A relicensure survey was conducted from July 24, 2012, through July 26, 2012. A sampling of three residents was selected from a population of six residents with varying degrees of intellectual disabilities. The findings of the survey were based on observations, interviews with staff in the home and at two day programs, as well as a review of the 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.] | 1 000 | |
| 1 092 | 3504.3 HOUSEKEEPING Each GHMRP shall be free of insects, rodents and vermin. This Statute is not met as evidenced by: Based on observation and staff interview, the group home for persons with intellectual disabilities (GHPID) failed to maintain the environment free of vermin to ensure the health and safety of six of six residents. (Resident #1, #2, #3, #4, #5 and #6) The finding includes: On July 25, 2012, at approximately 1:30 p.m., a gray mouse was observed running across the floor of the bathroom located adjacent to the kitchen. An exterminator was observed in the facility on July 26, 2012, at 9:17 a.m. When the range was pulled out from the wall, numerous small black particles that appeared to be mouse | 1 092 | |

Health Regulation & Licensing Administration

TITLE

(X6) DATE

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

STATE FORM

6599

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If continuation sheet 1 of 11

Health Regulation & Licensing Administration

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| 1092 | <p>Continued From page 1</p> <p>droppings, were observed on the floor. At 5:57 p.m. on the same day, similar particles were observed at the edge of the floor in the office, near the bookcase.</p> <p>On July 25, 2012 at approximately 1:42 p.m. and 3:30 p.m., respectively, the home manager (Staff #2) and the qualified intellectual disabilities professional (QIDP, Staff #1) indicated that no one had reported seeing mice in the facility prior to the survey. They further stated that the management would be notified and that the facility would be exterminated for mice on July 26, 2012. The surveyor requested to review recent extermination records and the facility extermination contract. According to the QIDP, the facility was exterminated for pests as needed, and a regular pest control schedule for had not been established. Further interview with the QIDP revealed that the requested documents were not available at the facility, however, would be requested from the administrative office.</p> <p>On July 26, 2012, at 5:05 p.m., review of the pest control inspection report dated July 26, 2012 (9:30 a.m.) revealed, "Initial treatment. Baited and trapped for mice: Kitchen, pantry, and laundry room. Follow-up in 10 days." The record, however, failed to document that all areas of the facility were inspected for mice. Additionally, the previous pest inspection reports were not provided for review as requested during the survey.</p> <p>At the time of the survey, the facility failed to provide evidence that effective measures were implemented to maintain a pest-free environment.</p> | 1092 | <p>Robin Services Pest Control provided treatment to the facility on 7/26/12. Metro Homes has a service agreement (3/26/12) in place for Robin Services Pest Control to provide quarterly and/or as needed treatment services to all facilities to prevent future activity. The service agreement is continuous. The QIDP developed a monitoring tool (8/6/12) for all staff to document signs of pest and droppings. Staff were trained (8/7/12) on the pest monitoring sheet, recognizing and reporting pests and signs of droppings. The QIDP and Residential Coordinator will review monitoring sheets on a bi-monthly basis and report signs to Robin Services Pest Control. [Completion date: 8/7/12]</p> |

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| I 180 | <p>3508.1 ADMINISTRATIVE SUPPORT</p> <p>Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record verification, the qualified intellectual disabilities professional (QIDP, Staff #5) failed to coordinate, integrate, and monitor services, for one of three residents in the sample. (Resident #3)</p> <p>The finding includes:</p> <p>The QIDP failed to monitor services to ensure Resident #3 received a nutritional supplement at the prescribed frequency.</p> <p>Observation on July 24, 2012, at 6:26 p.m., revealed Resident #3 received 8 ounces of Boost Glucose Control (nutritional supplement) during dinner.</p> <p>Interview with Staff #6 on July 24, 2012, at 6:39 p.m., revealed that if Resident #3 did not eat most of his food in the evening, he was given 8 ounces of Boost Glucose Control. On July 25, 2012, at 7:25 a.m., interview with Staff #14 revealed that resident could have Boost Glucose Control once a day in the morning or evening if he did not eat most of his food. Further discussion with the staff revealed that the time of day that the resident received the supplement could be determined by reviewing the food and fluid intake record.</p> <p>On July 26, 2012, at 5:57 p.m., the qualified intellectual disabilities professional (QIDP, Staff #1) revealed the primary care physician (PCP</p> | I 180 | <p>The Qualified Intellectual Disability Professional (QIDP) and Residential Coordinator will be in-serviced on 8/3/2012 effective communication strategies as it relates to reviewing individuals records, communicating bi-monthly with nurses about medical changes, assessment changes, changes to individual protocols, and staff training. The QIDP and Residential Coordinator will meet with the nurse on a bi-monthly basis to ensure all changes in individuals records are communicated effectively. All individuals records will be monitored on a bi-monthly basis and staff will be trained as needed to ensure changes in individuals medical orders are implemented accordingly. The QIDP has in-serviced nursing staff on 8/9/2012 to ensure proper communication as it relates to changes in health status and implementation of medical orders for all individuals.</p> <p>[Completion date: 8/31/2012]</p> |

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I 180 Continued From page 3 I 180

prescribed to reduce the resident's Boost Glucose Control from 8 ounces twice daily to once daily in June 2012. Further discussion with the QIDP revealed that the home manager (Staff #2) and the QIDP monitored the resident's records to determine the adequacy their food and fluid intake.

Record review on July 26, 2012 at 10:21 a.m., confirmed that on June 6 2012, the primary care physician (PCP) prescribed to reduce Resident #3's Boost Glucose Control (8 ounces) from twice a day to once a day. According to the intake records, however, the resident continued to receive Boost Glucose Control, 8 ounces twice a day on 15 days (between June 15, 2012 and July 25, 2012), after the PCP reduced the Boost Glucose Control to 8 ounces a day. (Note: Physician's orders dated June 23, 2012 prescribed a high fiber- 1800 calorie diabetic, pureed diet.)

At the time of the survey, there was no evidence Resident #3's intake records were closely monitored to ensure he received the nutritional supplement as prescribed.

I 206 3509.6 PERSONNEL POLICIES I 206

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

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| I 206 | Continued From page 4 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 2 out of 15 consultants. (Consultants #5 and #7) The findings include: On July 26, 2012, beginning at 9:30 a.m., review of the personnel records revealed the following: 1. There was no evidence of a physician's health inventory/ certificate for the pharmacist (C5). 2. There was no evidence of a physician's health inventory/ certificate for the dietician (C7). On July 27, 2012, at approximately 3:45 p.m., the qualified intellectual disabilities professional (QIDP, Staff #1) and the home manager (Staff #2) acknowledged there was no evidence of health inventories performed by a physician for the aforementioned personnel. | I 206 | The Human Resources Department has obtained the Health Certificate for the contracted employees in question. To address this oversight, Metro Homes has hired a new Human Resources (HR) Director to oversee all personnel issues. [Completion Date: 8/6/2012] In addition, Metro Homes is also in the process of working with an outside vendor in developing a new computer system to monitor and manage personnel issues to ensure timely oversight of all staff's licenses, certifications and training. [Completion Date 12/31/2012] | |
| 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, interview and record review, the GHPID failed to ensure that each staff | I 229 | | |

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| I 229 | <p>Continued From page 5</p> <p>was effectively trained to meet the needs of one of three residents in the sample. (Resident #3)</p> <p>The finding includes:</p> <p>The facility failed to ensure that each staff received ongoing training on the frequency of Resident # 3's nutritional supplement, as evidenced below:</p> <p>Observation on July 24, 2012, at 6:26 p.m., revealed Resident #3 received 8 ounces of Boost Glucose Control (nutritional supplement) during dinner.</p> <p>Interview with Staff #6 on July 24, 2012, at 6:39 p.m., revealed that if Resident #3 did not eat most of his food in the evening, he was given 8 ounces of Boost Glucose Control. On July 25, 2012, at 7:25 a.m., interview with Staff #14 revealed that resident could have Boost Glucose Control once a day in the morning or evening if he did not eat most of his food. Further discussion with the staff revealed that the time of day that the resident received the supplement could be determined by reviewing the food and fluid intake record.</p> <p>On July 26, 2012, at 5:57 p.m., the qualified intellectual disabilities professional (QIDP, Staff #1) revealed the primary care physician (PCP) prescribed to reduce the resident's Boost Glucose Control from 8 ounces twice daily to once daily in June 2012. Further discussion with the QIDP revealed that the staff were informed of the diet change.</p> <p>Record review on July 26, 2012 at 10:21 a.m., confirmed that on June 6 2012, the primary care physician (PCP) prescribed to reduce Resident #3's Boost Glucose Control (8 ounces) from twice</p> | I 229 | <p>The nursing staff have been in-serviced (8/9/12) on the monitoring and communication of physician orders to ensure proper implementation as it relates to the individual's medical changes.</p> <p>The QIDP has re-trained staff (8/7/12) on the changes and implementation of individuals' mealtime protocols. The QIDP and Residential Coordinator will provide continuous training to all nursing and direct care staff as it relates to adequate oversight of individuals medical records (communication and implementation respectively).</p> <p>The QIDP will ensure that all individuals records are reviewed on a bi-monthly basis to ensure physician orders are implemented as outlined. [Completion date: 8/24/12]</p> | |

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| I 229 | <p>Continued From page 6</p> <p>a day to once a day. According to the intake records, however, the resident continued to receive Boost Glucose Control, 8 ounces twice a day on 15 days (between June 15, 2012 and July 25, 2012), after the PCP reduced the Boost Glucose Control to 8 ounces a day.</p> <p>The review of training records on July 26, 2012 at 2:39 p.m., failed to document that each staff had been trained the the amount of Boost Glucose control prescribed for the resident was reduced to 8 ounces a day.</p> <p>At the time of the survey, there was no evidence the each staff received ongoing training to ensure Resident #3 received his nutritional supplement at the prescribed frequency .</p> | I 229 | | |
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| I 261 | <p>3512.2 RECORDKEEPING: GENERAL PROVISIONS</p> <p>Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies.</p> <p>This Statute is not met as evidenced by: Based on interview, and record review, the group home for persons with intellectual disabilities failed to ensure a centralized file was maintained and made available for inspection and review by authorized representatives of the regulatory agency for one of three residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>The GHPID failed to ensure a record was maintained of the Human Rights Committee (HRC) review and prior approval of medication</p> | I 261 | | |
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| I 261 | <p>Continued From page 7</p> <p>prescribed to manage Resident #1's maladaptive behavior (physical aggression and tantruming.)</p> <p>Observation of the medication administration on July 24, 2012, at 6:06 p.m., revealed Resident #1 was administered Clonopin 2 mg by by the trained medication employee (TME, Staff #6)</p> <p>Interview with Staff #6 on July 24, 2012, at 6:07 p.m., revealed Resident #1 was prescribed the Clonopin 2 mg in the morning and evening to manage his behavior.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP, Staff #1) on July 24, 2012, at 1:55 p.m., revealed Resident #3 was prescribed Clonopin 2 mg twice daily to be used in conjunction with a behavior support plan. According to the QIDP, the Clonopin 2 mg was initially approved on a date (February 7, 2012) between the regularly scheduled HRC meetings, which were held every three months. The QIDP also stated that the emergency approval was then discussed at the HRC meeting held on April 16, 2012.</p> <p>Record verification on July 25, 2012, at 2:35 p.m., confirmed that Resident #1 had a current physician's order for Clonopin 2 mg twice a day by mouth for behavior. Additionally, an initial physician's order, dated February 7, 2012, prescribing Clonopin 2 mg twice daily for behavior was included in the resident's record. The signature form for the HRC meeting held on April 16, 2012, documented that an emergency approval to administer Clonopin 2 mg twice daily was obtained on February 5, 2012. There were, however, no corresponding minutes or notes available to document the emergency HRC approval of the Clonopin 2 mg BID until the April</p> | I 261 | <p>The Human Rights Committee Chairperson and the QIDP has been in serviced on the new system that will be implemented on 8/20/12.</p> <p>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 meetings. This will allow for approvals in an expedient manner. The chairperson will call all of the HRC members and verbally describe the changes in the medication, and why these medication changes have been recommended. The chairperson will note the approval or disapproval of each member. 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.</p> <p>(Completion Date: 8/31/12)</p> | |

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| I 261 | Continued From page 8 16, 2012 meeting. At the time of the survey, the facility failed to ensure that each program designed to manage inappropriate behavior was reviewed and approved by the HRC prior to implementation. | I 261 | | |
| I 401 | 3520.3 PROFESSION SERVICES: GENERAL PROVISIONS 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, staff interviews and record review, the group home for persons with intellectual disabilities(GHPID) failed to ensure professional services were provided in accordance with the needs of one of three residents in the sample. (Resident #3) The finding includes: The facility's nursing services failed to ensure Resident #3 received his supplemental feeding as prescribed. Observation on July 24, 2012, at 6:26 p.m., revealed Resident #3 received 8 ounces of Boost Glucose Control nutritional supplement) during dinner. Interview with Staff #6 on July 24, 2012, at 6:39 p.m., revealed that if Resident #3 did not eat most of his food in the evening, he was given 8 ounces of Boost Glucose Control. On July 25, 2012, at | I 401 | The nursing staff have been in-serviced (8/9/12) on the monitoring and communication of physician orders to ensure proper implementation as it relates to the individuals' medical changes. The QIDP has re-trained staff (8/7/12) on changes and implementation of individuals' mealtime protocols. The QIDP and Residential Coordinator will review records on a bi-monthly basis to ensure physician orders are implemented as outlined. The QIDP and Residential Coordinator will provide continuous training to all nursing and direct care staff as it relates to adequate oversight of individuals medical records (communication and implementation respectively). [Completion date: 8/24/12] | |

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| I 401 | <p>Continued From page 9</p> <p>7.25 a.m., interview with Staff #14 revealed that resident could have Boost Glucose Control once a day in the morning or evening if he did not eat most of his food. Further discussion with the staff revealed that the time of day that the resident received the supplement could be determined by reviewing the food and fluid intake record.</p> <p>On July 26, 2012, at 5:57 p.m., interview with the primary license practical nurse (LPN, Staff 19) revealed that Resident # 3 had gained weight while receiving Boost Glucose Control. Further discussion with the LPN revealed that due to the resident's weight gain, on June 6, 2012, the primary care physician (PCP) had reduced the prescribed amount of the supplement from 8 ounces twice a day to 8 ounces once a day.</p> <p>Record review on July 26, 2012 at 10:21 a.m., confirmed that on June 6 2012, the primary care physician (PCP) prescribed to reduce Resident #3's Boost Glucose Control (8 ounces) from twice a day to once a day. According to the intake records, however, the resident continued to receive Boost Glucose Control, 8 ounces twice a day on 15 days (between June 15, 2012 and July 25, 2012), after the PCP reduced the Boost Glucose Control to 8 ounces a day. The resident's annual nutritional assessment dated November 3, 2011, revealed his ideal body weight range for his height of 4 feet, 10 inches, was 86 to 116 pounds. (Note: Physician's orders dated June 23, 2012 prescribed a high fiber-1800 calorie diabetic, pureed diet.)</p> <p>At the time of the survey, nursing services failed to closely monitor Resident #3's intake of Boost Glucose Control to ensure he received it once daily as prescribed.</p> | I 401 | | |