

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04125/2013
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NAME OF PROVIDER OR SUPPLIER NATIONAL CHILDREN'S CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE EDGEMONT, WASHINGTON DC 20017
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1000	<p>INITIAL COMMENTS</p> <p>A licensure survey was conducted on April 24, 2013 through April 25, 2013. A sample of three residents was selected from a population of four males and two females with varying degrees of intellectual disabilities.</p> <p>The findings of the survey were based on observations in the home, interviews with residents, direct support staff, and administrative staff, as well as a review of resident and administrative records, including incident reports.</p> <p>[Qualified mental retardation professional (QMRP) will be referred to as qualified intellectual disabilities professional (QIDP) within this report.]</p>	1000		
1206	<p>3509.6 PERSONNEL POLICIES</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that all employees and health care professionals had current health certificates on file, for two (2) of fourteen (14) direct care staff (DCS, Staff #4, and DCS, Staff #14). Additionally, the facility failed to ensure one (1) of eight (8) licensed professionals had current health certificates. (licensed practical nurse (LPN) #4)</p>	1206	<p>3509.6 POC:</p> <p>All Home Managers (HM), Registered Nurses (RN) and Program Coordinator's (PC) will be retained that all staff members and licensed professionals must have current health care certificates on file with HR in order to work with the residents. This will occur on or before 05/30/2013.</p> <p>Human Resources representative complete file reviews and emails supervisors a spreadsheet listing staff members who have expired or expiring health care certificates. The Director of CLS will request an update spreadsheet and communicate with PC's and RN's regarding removing staff members from the schedules who fail to submit required documents timely. This will occur on or before 05/30/2013</p> <p>-Continued Below-</p>	

Health Regulation & Licensing Administration

TITLE

(X6) DATE

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

STATE FORM

133924

W1 C511

If continuation sheet 1 of 7

John CLS Director 05/17/2013

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1206	<p>Continued From page 1</p> <p>The findings include:</p> <p>1 1. On April 24, 2013, beginning at 3:13 p.m., review of the personnel records for all employees, including licensed professionals revealed the following:</p> <p>There was no evidence of a complete physician's health inventory/certificate for two of the facility's direct care staff (DCS). Review of Staff #4's physician's health inventory/certificate revealed the personnel record failed to evidence the results from the PPD conducted on January 15, 2013. Review of Staff #14's personnel record on April 25, 2013, at 12:15 p.m, revealed the PPD expired on February 15, 2013.</p> <p>2. On April 24, 2013, beginning at 3:35 p.m. review of the LPN, Consultant #4's personnel record revealed no documented evidence of a current health certificate.</p>	1206	<p>1206 POC:</p> <p>Health Care Certificates for DCS, Staff #4 , DCS Staff #14, LPN #4 will be on file with HR on or before 05/30/2013.</p>	
1406	<p>On April 24, 2013 at approximately 4:00 p.m., the compliance manager who facilitated the review, acknowledged the aforementioned findings. No additional information was made available for review.</p> <p>3520.8 PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Each professional service provided shall be documented in each resident's record.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure that each professional service provided was documented in each</p>	1406	<p>3520.8 POC</p> <p>Resident # 1 was seen by the Dermatologist on MARCH 26, 2013. (See attachment # 1).</p> <p>On or before 05/30/2013 all RN's and LPN's will be retrained that they must ensure that all consults forms are filed in the individuals medical record within 48 hours to allow time for nursing review and follow up.</p>	

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1406	<p>Continued From page 2</p> <p>resident's record for one of the three residents in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>The GHIID failed to provide written documentation for services rendered by Resident #1's dermatologist as evidenced below:</p> <p>Review of Resident #1's medical record on April 24, 2013, beginning at approximately 10:20 a.m. revealed a primary care consult dated January 31, 2013. According to the consult, the primary care physician (PCP) recommended the resident to follow-up with the dermatologist regarding some moles.</p> <p>During a face to face interview with the registered nurse (RN) on April 24, 2013, at 10:58 a.m. revealed Resident #1 was seen by the dermatologist, however, at the time of the survey, there was no documented evidence in the medical record that Resident #1 was seen by his dermatologist.</p>	<p>1406</p>	<p>hours to allow time for nursing review and follow up.</p> <p>The NCC Nursing Quality Compliance Manager will continue to complete periodic chart reviews for all resident's in order to ensure that all documentation are in the chart. If documents are found to be outstanding an email is sent the case RN for follow up.</p> <p>3521.5(e) POC NCC follows the Health and Wellness Standards-set-forth-by-DDS.</p>	
1428	<p>3521.5(e) HABILITATION AND TRAINING</p> <p>Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client:</p> <p>(e) As indicated by a change in his or her health status.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to ensure modifications to the resident's program was made when there was a</p>	<p>1428</p>	<p>The RN manages the individual's health care and documents any changes in the individual's health care as changes occur in the progress note , Health Care Management Plan , and updates the Health passport as appropriate.</p> <p>The RN will create a tracking tool of when the individual's wears the Ted Stockings and will continue to do so until the Physician discontinues the use of the stockings. (See attachment #2).</p> <p>-Continued Below-</p>	

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1428	<p>Continued From page 3</p> <p>the three resident's in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>Interview with the facility's Registered nurse (RN) on April 25, 2013, at 2:30 p.m. revealed Resident #2 had Ted Stockings; however, he was not wearing them. Review of Resident #2's medical record on April 25, 2013, at 3:46 p.m. revealed a nursing quarterly dated October 11, 2012. Further review of the nursing quarterly revealed a recommendation for the resident to continue the use of compression stockings to aid in decreased lower extremity swelling. According to the RN, she assessed Resident #2 at the end of October 2012, and found no evidence of any swelling in his legs. Additionally, the RN indicated that the resident was currently not wearing the stockings as recommended.</p> <p>The resident's medical record revealed Resident #2 had a verbal order dated August 9, 2012. The verbal order revealed the resident was prescribed Ted Stockings below the knee. Apply during the day, can remove at bedtime.</p> <p>At the time of the survey, there was no documented evidence of a physician's order to discontinue Resident #2's Ted stockings or evidence of a change in the resident's health status.</p>	1428	<p><small>CROSS REFERENCED TO THE APPROPRIATE DATE</small></p> <p>The RN will train the DSP on the tracking tool on or before May 30, 2013.</p> <p>A record review regarding documentation of the use of adaptive equipment will be completed on or before 05/30/2013. Any incidents of failure to use currently order equipment will be addressed with the appropriate team member and follow up action taken.</p> <p>All PC's, HM's, RN's, and LPN's will be trained to ensure if an individual is not using currently ordered adaptive equipment the team has met to discuss this and developed a plan to support the use of the equipment and/or the medical professional who ordered the equipment has been advised and the care plan revised. This will occur on or before 05/30/2013.</p>	
1441	<p>3521.7(k) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:</p> <p>(k) Mobility (including ambulation, transportation, mapping and orientation, and use of mobility</p>	1441	<p>3521.7 POC</p> <p>A team meeting has been scheduled for 05/30/2013 and at this meeting the team will discuss possible</p> <p>Training programs such as the Colombia Light House for the Blind that will provide both a functional assessment in addition to individual and staff training following the assessment.</p> <p>-Continued below-</p>	

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1441 Continued From page 4
equipment);

This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group for individuals with intellectual disabilities (GHIID) failed to ensure the habilitation of its residents included training in the area of mobility for one of the six residents in the facility. (Resident #5)

The finding includes:

Observation on April 24, 2013, at approximately 4:52 p.m. revealed Resident #5 observed bringing the facility's trash can and recycle bin to the drive way. A few moments later the resident was observed using a cane going to the facility's mailbox to obtain the mail. Further observations revealed at 4:56 p.m., the resident was observed walking into the nurse's roller bag. One of the facility's staff was observed to redirect the resident. Additionally, at 5:15 p.m., the resident was observed to walk into the wall and into one of the facility's dining room chairs.

Interview with the Program Coordinator (PC) on April 25, 2013, at 2:43 p.m. revealed Resident #5 was losing his eyesight. Further interview was conducted to ascertain information regarding if the facility had provided training for Resident #5 to be able manipulate his environment.

According to the PC, the resident had not been provided mobility training.

At the time of the survey, the facility failed to ensure Resident #5 was trained in the area of mobility to assist him in his environment.

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A team meeting has been scheduled for 05/30/2013 and at this meeting the team will discuss possible Training programs such as the Colombia Light House for the Blind that will provide both a functional assessment in addition to individual and staff training following the assessment.

All staff members working in the home to include the LPN will be trained to ensure that all walk ways are left clear and free of clutter. This will occur on or before 05/30/2013.

All PC's will be retrained that if they are supporting an individual who may be losing vision or hearing an assessment should be completed and the need of training should be consider and documented by the individual's team. This will occur on or before 05/30/13.

1500 3523.1 RESIDENT'S RIGHTS

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1500	<p>Continued From page 5</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for individuals with intellectual disabilities (GHIID) failed to observe and protect residents' rights in accordance with Title 7, Chapter 13 of the D.C. Code (formerly called D.C. Law 2-137, D.C. Code, Title 6, Chapter 19) and other District laws that govern the care and rights of persons with mental retardation, for one of the six residents residing in the facility. (Resident #4)</p> <p>The finding includes: (Chapter 13, § 7-1305.05. (h))</p>	1500	<p>I 500 POC</p> <p>For Resident #4 the individuals Medical Guardian will be notified that the individual received Ativan 3 mg on hour prior to dental work on 05/02/2012 without the medical guardians consent. This will occur on or before 05/30/2013.</p> <p>All HM's, PC's, LPN's, and RN's will be retrained to ensure that medical guardians have granted consent prior to administering any emergency chemical restraints. They will be retrained that if consent is not received the emergency chemical restraint cannot be administered. This will occur on or before 05/30/2013.</p> <p>On or before 05/30/2013 All HM's, PC's, LPN's, and RN's will be retrained on individual's rights to include the process of emergency chemical restraints and Human Rights Committee.</p>	
	<p>The GHIID failed to ensure the guardian was made aware after the administration of emergency sedation.</p> <p>Review of the facility's incident reports on April 24, 2013, beginning at 11:00 a.m. revealed Resident #4 was administered Ativan 3 milligrams, (mg) one hour prior to dental work as "emergency chemical restraint on May 2, 2012." Interview with the program coordinator (PC) on April 24, 2013, at approximately 12:10 p.m. revealed Resident #4 had a court-appointed guardian to assist with healthcare decisions due to the resident's lack of capacity to give informed consent for the use of his medications.</p> <p>The PC statements were verified on April 25, 2013, at approximately 1:59 p.m., through review</p>		<p>A review of medical records for individuals that have orders for chemical restraints will be conducted by a member of NCC's nursing staff on or before 05/30/2013 to ensure that informed consent was received prior to administration.</p> <p>NCC Follows the Health and Wellness Standards set forth by DDS.</p> <p>NCC Human Rights Committee Assures:</p> <p>-Continued below-</p>	

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1500	Continued From page 6 of Resident #1's Individual Support Plan (ISP) dated April 9, 2013. Further review of the ISP revealed the last psychological assessment that was conducted on May 10, 2010. According to the assessment, Resident #1 would need a guardian for decision making. Interview with the compliance manager on April 2, 2013, at 3:02 p.m. verified that Resident #4 was provided with an emergency medication for his dental appointment on May 2, 2012. Further interview with the compliance manager revealed the facility did not have a consent for the Ativan 3 mg that was administered to Resident #4 on May 2, 2012. At the time of the survey, the facility failed to notify the guardian after the administration of Resident #4's emergency sedation (Ativan 3 mg).	1500	<ul style="list-style-type: none"> The legal and human rights of all individuals served by NCC are protected. The individuals or their guardian/substitute decision maker provides informed consent for the use of psychotropic medication or other restrictive procedures. That, when reviewing rights restrictions, the benefit of the restriction is weighed in terms of its impact on the individual's quality of life. <p>And reviews, evaluate, and make recommendations to the program on all allegations of rights violations including grievances, emergency use of restrictive procedures, and "right to refuse" treatment issues. (see attachment #3)</p>	