

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/16/2012
NAME OF PROVIDER OR SUPPLIER NEIGHBORS CONSEJO INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 1622 LAMONT STREET, NW WASHINGTON, DC 20010		
(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
D 000	Initial Comments A licensure survey was conducted on February 15, 2012 through February 16, 2012. A random sample of five males was selected from a residential population of seven males. The survey findings were based on a review of resident and administrative records, as well as observations in the home and interviews with administrative staff, direct care staff and residents.	D 000		
D 450	3402.3 Personnel All persons employed in a community residence facility shall have a pre-employment medical examination by a licensed physician and shall be certified annually by the examining physician to be in good health and free of communicable diseases as defined in chapter 2 of this title. This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential facility failed to provide evidence of annual medical examinations for three (3) of the eight (8) records reviewed. (Staff #1, #2, and #5) The finding includes: Interview with the facility Program Director, and Quality Improvement Specialist on February 15, 2012, at approximately 2:45 p.m., acknowledged that the facility failed to provide evidence of annual health certificates for Staff #1, #2, # and #5.	D 450	Annual medical examinations for these three staff members will be done and documented in the respective records as "annual health certificates." Neighbors Consejo will require from staff that their annual examinations are current. Quality Improvement Specialist will do follow up to ensure this is done, continuous record reviews will be done.	03/23/12
D 580	3403.9 Admisison Policies The examining physician shall certify that the resident is free of communicable disease as	D 580		

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TITLE

(X6) DATE

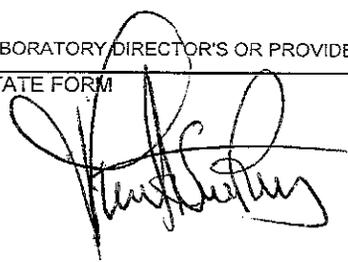
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

OODY11

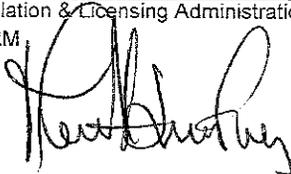
If continuation sheet 1 of 6



Milton C. Sanchez 3/7/12
Interim Executive Director

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D 580	Continued From page 2 2. Review of Resident #4's medical record on February, 15, 2012, beginning at 12:51 p.m. revealed the resident had a medical examination dated December 6, 2011. Further review of the medical record failed to evidence documentation that Resident #4's examining physician certified that he was free of any communicable disease since 2010. Interview with the Program Director on February 15, 2012, revealed they had a medical doctor that worked on site several times during the week. He said that the facility was in the process of providing staff to track the status of the resident's medical examinations to ensure they are current and the resident is free of any communicable disease. At the time of the survey, the CRF failed to provide documented evidence of a current medical examination to certify that Resident #4 was free of any communicable disease.	D 580	Quality Improvement Specialist will do final follow-up and review residents' records	
D 700	3404.1 Resident Status Policies In addition to the pre-admission medical examination required by § 3403.8, each resident shall have an annual examination by a physician. The physician's report and his or her recommendations shall be included in the resident's permanent file. This CONDITION is not met as evidenced by: Based on interview and record review, the community residence facility (CRF) failed to ensure that each resident received an annual examination by a physician, for five of the seven sampled residents. (Residents #1, #2, #3, #4, #5)	D 700	Case Managers of residents of Neighbors' Consejo will ensure that residents are referred to adequate medical physicians so that physician provides residents with an annual examination. Case Managers will follow-up on these appointments and will document evidence/results of annual examinations in residents' files. Recommendations by physician will be included in residents' files.	3-26-12



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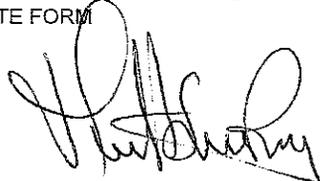
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D 700	Continued From page 3 The findings include: On February 15, 2012, at approximately 11:10 a.m. interview with the program director revealed the facility had a medical director that worked on sight and was responsible for conducting an annual examination for each resident. Review of the resident's records revealed Resident #1's last medical examination was dated November 15, 2010, Resident #2's last medical examination was dated January 5, 2011, Resident #3's medical examination did not evidence any date, Resident #4's examination was December 6, 2011, and Resident #5's medical examination was dated December 15, 2010. Interview with the Program Director on February 15, 2012, revealed they had a medical doctor that worked on site several times during the week. He said that the facility was in the process of providing staff to track the status of the resident's medical examinations to ensure they are current, At the time of the survey, the facility failed to ensure Residents #1, #2, #3, #4, and #5 had current annual examinations conducted by a physician.	D 700	<i>Case managers and Medical Doctor will ensure that all residents (including new residents) have a current physical examination, by continuous record reviewing.</i>	
D3000	3421.1 Housekeeping and Laundry Services The interior and exterior of each community residence facility shall be maintained in a safe, clean, orderly, attractive, and sanitary manner free from accumulations of dirt, rubbish, and objectionable odors. This CONDITION is not met as evidenced by: Based on observation and interview, the Community Residential Facility (CRF) failed to ensure the interior of the home was maintained in	D3000		

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D3000	<p>Continued From page 4</p> <p>a safe and sanitary manner, free from accumulations of dirt.</p> <p>The findings include:</p> <p>An environmental inspection on February 16, 2012, beginning at approximately 2:10 p.m. revealed the following deficiencies:</p> <ol style="list-style-type: none"> 1. The front entrance wooden gate was rotten and appeared unsteady; 2. The front entrance door inside knob was missing requiring the residents to use the thumbnail lock to exit the building; 3. The kitchen oven had excess grease inside on the bottom shelf and on the stove hood. There was also no cover over the hood fan; 4. On the second floor in the rear bedroom, the floor boards at the entrance to the room were elevated and had potential of becoming a trip hazard; 5. The second floor bathroom ceiling vent was dusty; 6. In the middle bedroom there were no curtains or blinds at the windows for residents privacy from the outside; and 7. In the refrigerator there were pots and pans with what appeared to be spoiled food. <p>At the conclusion of the environmental inspection, the facility Program Director acknowledged the above deficiencies and indicated they will eliminate them upon receipt of the report from our office.</p>	D3000	<p>Front entrance wooden gate has been fixed and its condition meets all safety and sanitary requirements</p> <p>The front door inside knobs will be fixed. A new knob will be put on door.</p> <p>Kitchen oven will be thoroughly clean by a cleaning staff. A cover will be purchased to be placed over the hood fan.</p> <p>Floor will be fixed. Monitor will revise floor throughout the whole building to ensure floor meets the safety requirements.</p> <p>Vent will be thoroughly clean and will be cleaned in a regular manner.</p> <p>Curtains will be purchased and placed in rooms.</p> <p>These pots and pans will be cleaned. Continue monitoring of the kitchen and sanitary requirements will be implemented.</p> <p>For all and every deficiency</p>	<p>02-25-12</p> <p>03-17-12</p> <p>03-17-12</p> <p>03-24-12</p> <p>03-10-12</p> <p>03-10-12</p> <p>03-07-12</p>

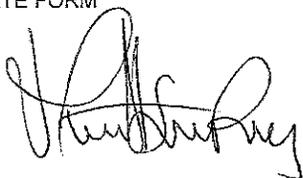


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			<p>Found in the residence building. continuous monitoring by a monitor will be implemented. Monitor will be instructed to review all aspects of the building and especially focus on the areas corresponding to the deficiencies mentioned, so that after these are fixed, they remain in good condition and meet all safety and sanitary requirements. House Manager will submit a short weekly report in which he will record and inform Quality Improvement Specialist and Directors of any area for improvement.</p>	



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3/17/12