

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WARD &amp; WARD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>806 FLORAL PL, NW WASHINGTON, DC 20012</b>
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1 000 INITIAL COMMENTS

1 000

A licensure survey was conducted on April 11, 2012. A random sampling of two residents was selected from a population of four women with various degrees of intellectual disabilities.

The findings of the survey were based on observations in the home interviews with direct support staff, administrative staff and nursing staff 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.]

*Received 5/17/12*  
Department of Health  
Health Regulation & Licensing Administration  
Intermediate Care Facilities Division  
899 North Capitol St., N.E.  
Washington, D.C. 20002

1 043 3502.2(c) MEAL SERVICE / DINING AREAS

1 043

Modified diets shall be as follows:

(c) Reviewed at least quarterly by a dietitian.

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 the resident's modified diet was reviewed at least quarterly by a dietitian for one of the two residents included in the sample. (Resident #2)

The finding includes:

Review of Resident #2's nutritional assessment dated February 28, 2011, on April 11, 2012, at approximately 11:10 a.m., revealed the resident was on a 1500 calorie, low fat, low cholesterol diet. There was no documented evidence the GHPID ensured the resident's modified diet was

*Upon review of individuals #2 waiver supports she was not authorized to receive nutrition supports through waiver on the current waiver authorization dated from 11/2011 to 10/2012. The QDDP requested updated on 1-25-12 attached and an E-mail to DDS Service Coordinator to request prior authorization and waiver*

Health Regulation & Licensing Administration

*Michael W...*

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

TITLE  
*Program Director*

(X6) DATE

*5-2-12*

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I 043	Continued From page 1  reviewed at least quarterly after February 28, 2011. During an interview with the qualified intellectual disabilities professional (QIDP) on April 11, 2012, at approximately 11:35 a.m., it was stated Resident #2's quarterly dietary assessments would be obtained and placed in the medical record.	1043	Provider on 5-2-12 (attached). Additionally QDDP will monitor waiver supports monthly and indicate compliance and Program Director will provide quarterly oversight to ensure compliance. 5-2-12
I 090	3504.1 HOUSEKEEPING  The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.  This Statute is not met as evidenced by: Based on observation and interview, the group home for persons with intellectual disabilities (GHPID) failed to maintain the interior and exterior of the facility in a safe, clean, orderly, attractive, and sanitary manner, for two of two residents in the sample. (Residents #1 and #2)  The findings include:  Observation and interview with the qualified intellectual disabilities professional (QIDP) on April 11, 2012, between 11:28 a.m. and 11:50 a.m. revealed the following:  Interior  1. The walls on both sides of the sliding glass doors next to the dining table had areas where the drywall was cracked and appeared sunken;  2. The cable wire was not secured to the base board in the upstairs hallway between Resident	1090	Interior: 1. Repair walls on both sides of sliding glass. 5-25-12 2. Secure cable wire to base board in 2nd floor hallway between Individual 2 & 3 bedroom. 5-4-12 4. Secure headboard to Individual #3 bed. 5-4-12 5. Remove the sag in wall to wall carpet in front of Individual #1 bedroom. 5-25-12

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I 090	Continued From page 2  #2 and #3's bedrooms;  4. The headboard was not secured on Resident #3's bed; and  5. The wall to wall carpet in front of Resident #1's bed was sagging thereby posing as a trip hazard.  Interview with the qualified intellectual disabilities professional (QIDP) who conducted the environmental walk-thru with the surveyor, stated that all the aforementioned deficiencies would be corrected.	I 090	Additionally, The facility Manager and QDDP are required to complete a facility checklist weekly and submit maintenance request to ensure that the facility is safe clean, orderly, attractive and sanitary manner and be free of accumulations of dirt, rubbish and objectionable odors.
I 206	3509.6 PERSONNEL POLICIES  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 one (1) of two (2) consultants (Dietitian #1) had a current health certificate available for review.  The finding includes:  On April 11, 2012, at 1:00 p.m., review of the personnel records revealed Dietitian #1 failed to have evidence of a current health certificate and PPD.	I 206	Please find attached Health Certificate for Dietitian #1 with PPD dated 8/15/11 attached. Additionally the consultant will be added to staff data base to inform 30 prior for any certification expiration. (Form letter attached)  5-2-12

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I 206	Continued From page 3  Interview with the facility's qualified intellectual disabilities professional (QIDP) on April 11, 2012, at approximately 12:35 p.m., revealed Dietitian #1's current health certificate and PPD would be obtained and placed in the personnel record.	I 206	
I 401	<p><b>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</b></p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure professional services included both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function in accordance with the needs of two of two residents in the sample. (Resident #1 and #2)</p> <p>The findings include:</p> <p>1. During an interview with Resident #1 on April 11, 2012, at approximately 7:55 a.m., Resident #1 stated " I'm on medication to help me stay calm". Review of the primary care physician's (PCP's) orders dated April 2012, on April 11, 2012, at approximately 9:45 a.m., revealed Resident #1 had diagnoses that included Paranoid Schizophrenia. Resident #1 was prescribed Lithium 300 mg every morning and</p>	I 401	<p>Please find attached the April 2012 Psychiatric consults for Individual #1 and #2, also the LPN's monthly review the medical record and finally the RN's review medical record quarterly to ensure timely follow-ups with PCP's and Specialty consults. 8-2-12</p>

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I 401	<p>Continued From page 4</p> <p>600 mg by mouth every evening for behavior management. Review of Resident #1's physician's orders on April 11, 2012, at approximately 9:55 a.m., revealed no documented evidence of how often the resident's Lithium levels should be drawn.</p> <p>During an interview with the qualified intellectual disabilities professional (QIDP) on April 11, 2012, at approximately 12:15 p.m., it was stated that a request would be made for the PCP to document how often the Lithium levels should be drawn in order to maintain the medication at a therapeutic level.</p> <p>2. During morning observations on April 11, 2012, at approximately 7:30 a.m., Resident #2 was observed to tease Resident #1 but was re-directed by Staff #1 and Resident #2's behavior stopped. Review of the PCP's orders dated April 2012, on April 11, 2012, at approximately 10:00 a.m., revealed Resident #2 had diagnoses that included Obsessive Compulsive Disorder and Impulse Control Disorder NOS. Review of the Behavioral Support Plan (BSP) dated March 29, 2011, on April 11, 2012, at approximately 10:10 a.m., revealed Resident #2 had targeted behaviors that included self-injurious behavior (SIB), teasing and aggression (bullying). Resident #2 was prescribed Haldol 1 mg by mouth every evening, Prozac 40 mg and Revia 25 mg every day by mouth for behavior management.</p> <p>Review of Resident #2's medical record on April 11, 2012, at approximately 11:45 a.m., revealed no documented evidence of monthly psychotropic reviews since December 2011. During an interview with the QIDP on April 11, 2012, at approximately 11:58 a.m., it was stated that a</p>	I 401	

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I 401	Continued From page 5  request would be made to the psychiatrist to submit the monthly psychotropic reviews to the agency and the documents would be placed in the resident's medical record.	I 401	