

Health Regulation & Licensing Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0042 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/29/2012 |
| NAME OF PROVIDER OR SUPPLIER WARD & WARD | | STREET ADDRESS, CITY, STATE, ZIP CODE 807 FERN PL, NW WASHINGTON, DC 20012 | |
| (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 000 | INITIAL COMMENTS A licensure survey was conducted on February 29, 2012. A sample of two residents was selected from a population of three men with various intellectual disabilities. The findings of the survey were based on observations and interviews with staff and residents, 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 | <p><i>Received 3/16/12</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E. Washington, D.C. 20002</p> |
| 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 record review and staff interview, the facility failed to ensure all consultant staff maintained current health certificates for two of four consultant personnel records reviewed. [Consultant #2 and #3] The findings include: Review of Consultant #2 and #3's personnel record on 2/29/12, at 10:15 p.m. revealed their health certificates were not available for review. | I 206 | <p><i>Please find attached the updated Health Certificates for consultants #2 and #3. Additionally, we have added the consultants to our HR data base to highlight expirations 30 days in advance.</i></p> <p><i>3-16-12</i></p> |

Health Regulation & Licensing Administration

Michael Warren

TITLE *Program Director*

(X6) DATE *3-16-12*

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

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| I 206 | Continued From page 1 Interview with an agency house manager (HM) on 2/29/12, at 2:47 p.m., confirmed the health certificates for Consultants #2 and #3, were not available for review. | I 206 | |
| I 379 | <p>3519.10 EMERGENCIES</p> <p>In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with individual disabilities (GHPID) failed to ensure unusual incidents that interfered substantially with a resident's health were reported immediately to the Department of Health, Health Regulations Licensing Administration (DOH/HRLA), for one of the two residents included in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>Review of the GHPID's incident report log on February 29, 2012, beginning at approximately 8:57 a.m. revealed no documented evidence of any incident reports, however review of Resident #2's medical record on February 29, 2012, at approximately 1:05 p.m. revealed he had been to the emergency room on July 10, 2011. Review of the emergency room discharge</p> | I 379 | <p>Please find attached the incident report for Resident #2 date 7-10-11. Additionally we will require that the QDDP will notify DOH of all incidents regardless of their origin i.e. day program, job, family visit vacation etc..</p> <p style="text-align: right;">3-16-12</p> |

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| I 379 | Continued From page 2 summary revealed the resident had suffered a minor head injury. Interview with the former house manager on February 29, 2012 at approximately 1:10 p.m., revealed the resident had fallen down the stairs on his job. The former house manager also stated that the facility had not completed an incident report and confirmed that the incident had been not been reported to the DOH. At the time of the survey, the GHPID failed to ensure the Department of Health, Health Regulations and Licensing Administration Division (DOH/HRLA) was notified of the incident involving Resident #2 within twenty-four hours as required. | I 379 | | |