

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2012
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NAME OF PROVIDER OR SUPPLIER WARD & WARD	STREET ADDRESS, CITY, STATE, ZIP CODE 825 FERN PL, NW WASHINGTON, DC 20012
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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) COMPLETE DATE
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1 000 INITIAL COMMENTS

1 000

A licensure survey was conducted on July 9, 2012. A sample of two residents was selected from a population of four men with varying degrees of intellectual disabilities.

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

1 090 3504.1 HOUSEKEEPING

1 090

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 facility failed to ensure that the interior of the group home for persons with intellectual disabilities (GHPID) was maintained in a safe and orderly manner for four of four residents in the facility. (Residents #1, #2, #3, and #4.)

The findings include:

On July 9, 2012, beginning at approximately 10:55 a.m., the agency maintenance director (MD), accompanied the surveyor through the facility to conduct the environmental inspection.

Facility Managers weekly are required to complete a facility checklist to ensure safe, clean, orderly, attractive and sanitary conditions free of dirt, rubbish and objectionable odors. Additionally the maintenance department has made the following corrections:

Health Regulation & Licensing Administration

Michael Warren

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

TITLE
Program Director

(X6) DATE

8-1-2012

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I 090 Continued From page 1

I 090

The following concerns were identified:

1. The front yard fence was broken and in need of repair. According to the maintenance director the damage occurred during the most recent storm.
2. A hole was observed in the kitchen wall with a plastic bag stuck inside. According to the maintenance director, wall repairs had been scheduled.

Cont. 9-25-12
1. Repair front yard fence will be completed by 9-25-12.
2. Hole in wall located in kitchen was repaired 7-23-12.

I 232 3510.5(i) STAFF TRAINING

I 232

Each training program shall include, but not be limited to, the following:

- (i) Training of the residents in the maintenance of oral health and hygiene.

This Statute is not met as evidenced by:
Based on staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to enact an effective treatment program to address a resident's declining oral health for one of two residents included in the sample. (Resident #2)

The finding includes:

Interview with the direct care staff on July 9, 2012, at approximately 4:14 p.m., revealed Resident #2 needed assistance to brush his teeth as he was unable to brush them independently.

Review of Resident #2's medical record on July 9, 2012 at approximately 2:55 p.m., revealed eight dental consultations dated, September 7, 2011, September 26, 2011, October 31, 2011,

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I 232	Continued From page 2 December 9, 2011, January 4, 2012, February 21, 2012, May 23, 2012, and June 6, 2012. Review of each of the aforementioned consults revealed "gross debridement of heavy plaque and calculus." September 26, 2011 dental consult revealed the dentist provided gross scaling and debridement of all quads and removal of heavy food debris. The dentist recommended the following: (1) monthly treatment, (2) must have brushing assistance. The dentist recommended repeatedly from September 7, 2011 to June 2012 that the resident " must improve oral hygiene and that Resident #2 "must have brushing assistance." The dentist also recommended Peridex Mouthwash to be used bid (twice a day), to rinse and spit. It should be noted that the resident's physician's order dated July 2012, revealed that the resident was diagnosed with gingivitis. Interview with qualified intellectual disabilities professional (QIDP) on July 9, 2012 and review of the residents individual program plan (IPP) revealed a training program for tooth brushing, however, there was no documented evidence of staff training to address the client's poor oral hygiene. Further interview with the QIDP revealed the nursing staff provided staff training to address dental using the resident's Health Management Care Plan (HMCP). Review of Resident #2's HMCP dated November 17, 2011, revealed no documented evidence that oral hygiene had been addressed or included as part of the direct care staff's training.	I 232	Please find attached ISP staff training sign-in sheet date 1-6-2012 that specifically identifies oral hygiene. Additionally attached is sign in sheet dated 11-18-11 HMCP training completed by RN it also identifies dental hygiene as a training area. 7-31-12	
I 474	3522.5 MEDICATIONS Each GHMRP shall maintain an individual medication administration record for each	I 474		

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I 474	<p>Continued From page 3</p> <p>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 that nursing staff maintained Medication Administration Records (MAR) for one of two residents included in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>During the administration of the medication on July 9, 2012, beginning at 7:54 a.m., revealed Resident #1 received Synthroid 175 mcg, Lisinopril/HCT, and Ibuprofen 800 mg. Review of Resident #1's medical record revealed the resident was seen by the podiatrist on February 1, 2012. Further review of the record revealed the podiatrist prescribed Ketoconazole 1% cream to be applied to the bottom of the resident's feet twice a day. It should noted that at the time of the observation of the administration of medication, the nurse was not observed to apply the Ketoconazole cream to the resident's feet.</p> <p>Review of the resident's July 2012 medication administration record (MAR) on July 9, 2012, at approximately 12:36 p.m. revealed the Ketoconazole had been discontinued, however, there was no documented evidence of a physician's order to discontinue the Ketoconazole. Continued review of the record revealed the facility failed to maintain MARs for May and June 2012.</p>	I 474	<p><i>RN's are required to provide oversight of MAR's. Additionally monthly the D.O.N. reviews MAR's to ensure medications are administered as prescribed and that the MAR accurately reflects the doctors orders. Additionally, find attached the Physician's Interim telephone order to discontinue the Ketoconazole on 5-1-2012.</i></p> <p style="text-align: right;"><i>7-31-12</i></p>

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R 125 4701.5 BACKGROUND CHECK REQUIREMENT R 125

The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.

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 criminal background checks for the previous seven (7) years, in all jurisdictions where staff had worked or resided prior to the check, for one of the ten staff employed. (Staff #3)

The finding includes:

Review of the personnel files on July 9, 2012, beginning at 11:20 a.m., revealed the GHPID failed to provide evidence of a criminal background check that disclosed a seven year history of all jurisdictions where Staff #3, worked and/or resided prior to hire, at the time of the survey.

On July 9, 2012, at approximately 12:35 p.m., the surveyor reviewed the aforementioned finding with the qualified developmental disabilities professional (QDDP). She verified that a criminal background check was not conducted in all jurisdictions where the staff lived within the past seven years.

Please find attached the TME license that expires on 10-31-2013 for Staff #3. TME's can not get license without global background check. However, also attached, is the BCS Person Summary that indicates that staff #3 has gone again to get finger printed.

8-1-12

Health Regulation & Licensing Administration

Michael Han

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

TITLE

Program Director

(X6) DATE

8-1-12