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	09G134	A. BUILDING _____ B. WING _____	01/26/2007

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W 000	INITIAL COMMENTS This recertification survey was conducted from January 24, 2007 through January 26, 2007 using the fundamental survey process. A random sample of three clients was selected from a residential population of five males. These males ranged in age from 34 to 80 years with levels of mental retardation ranging from moderate to profound. The findings of the survey were based on observations and, interviews at the day programs and at the facility, review of incident reports, investigations, policies and other clinical and administrative records.	W 000		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observations, interviews with direct care staff and management, and the review of records, the Qualified Mental Retardation Professional (QMRP) failed to ensure that each client's active treatment program had been integrated, coordinated, and monitored to address the needs of the clients. The findings include: 1. The QMRP failed to include client #3's work-site/day program goals and objective into the annual individual support plan (ISP).	W 159	W159 The QMRP will modify the IPP of client #3 to incorporate the program objectives agreed upon by the team to be run at the day program. The QMRP will obtain monthly feedback from the day program and include the information on Day Program Monitoring Tool form.....3-15-07. See also, the responses for W256 and W234	

2007 MAR -2 P 2:47

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Dane Gordon — 3/2/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 159	Continued From page 1 2. The QMRP failed to revise programs as per the client's achievements. (Refer to W255) 3. The QMRP failed to ensure that each written training program designed to implement the objectives specified the methods to be used during the implementation. (Refer to W234)	W 159	W159 In the future, the QMRP will do monthly monitoring of all day programs for consumers in the home to ensure that goals and objectives are implemented and revised as progress would indicate....3/15/07	
W 209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. This STANDARD is not met as evidenced by: Based on review of attendance and staff interview, the facility failed to provide evidence of one of four clients participation in the annual individual support plan (ISP) meeting. The finding includes: The attendance document for client #3's annual individual support plan (ISP) meeting did not identify that client #3 was present at the meeting held on October 4, 2006. According the the staff, the clients generally attend the meetings. There was no evidence to ensure that the client was present.	W 209	W209 Client #3 did attend his ISP meeting but the QMRP failed to insure that the client was assisted in making his mark or signing off the attendance sheet as being present. The QMRP will make a late entry with the consumer indicating his attendance...2-27-07.	
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on observation and review of records, the	W 214	In the future all consumers' presence at the ISP Meeting will be documented. ...2/27/07	

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W 214	Continued From page 2 facility failed to provide an accurate and comprehensive functional assessment to identify and address client #3's specific developmental needs and strengths. The findings include: 1. On January 24, 2007 during the pm administration of medication, client #3 was observed pouring his Milk of Magnesium into his medication cup with oversight being provided by the medication nurse. According to the documentation on the medication program for the months of November and December 2006, client #3 demonstrated 100% independence in his performance. Client #3's self medication assessment was reviewed on January 25, 2007. The assessment had been dated January 1, 2007 and reflected "N/A" not applicable in all areas. It could not be determined that a comprehensive self medication assessment to identify client #3's strengths and needs had been conducted. 2. According to client #3's day program, the client is capable of working continuously and thoroughly . Reportedly, the client "needs reminders to move from task to task and may require verbal prompting to complete some task". Client #3 attends two sites in the community on varying days. Although the client participates in multiple task (laundry, serving others, maintenance, etc.), it could not be determined that the client had received a comprehensive assessment to determine his work skills and preferences to ensure the appropriateness of placement.	W 214	W214 Client #3 will be re-assessed by nursing to capture his existing skill level as it pertains to self medication. A protocol will be developed that allows and encourages client #3 to perform as much of the task as he can without assistance and to receive the needed level of assistance/support for those steps that he has not reached independence. The re-evaluation will occur by...3-15-07. The new protocol will be developed and implemented by...4-1-07. The QMRP will meet with the day program of client #3 to determine the method by which he will be re-assessed in terms of his work skills. He will be assessed by.....3-30-07.	
W 234	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual	W 234		

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W 234	Continued From page 3 program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on the review of client #1's individual program plan (IPP) the facility failed to ensure that each written training program designed to implement the objectives specified the methods to be used during the implementation. The finding includes: Review of the documentation for client #1 took place on January 26, 2007. The review of the individual program plans (IPPs) revealed that there were no written strategies to indicated to staff how the IPPs should be consistently implemented. For Example: Client #1 had an objective to tolerate wearing his eyeglasses. During observation conducted on January 24, 2007, the client required staff encouragement, demonstration, and praise to put the eyeglasses on for approximately 5 minutes. The IPP reflected the strategies as follows: keep on 1 minute, keep on 2 minutes.....	W 234	W234 The QMRP will insure that appropriate IPP strategies are put in place for the eye glass tolerance. The modifications will be completed by....3-07-07. Implemented by....03-10-07. In the future appropriate strategies will be put in place in the use of adaptive equipment for consumers that require this type of program.	
W 255	483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by:	W 255		

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W 255	Continued From page 4 Based on record review, the Qualified Mental Retardation Professional (QMRP) failed to revise objectives identified in the individual program plan as they had been successfully achieved. The finding includes: According to the documentation reviewed for client #3's self medication program, the client had successfully demonstrated 100% performance at the criterion level for the months on October, November and December 2006. The program identified that the client was to pour his Milk of Magnesium. There was no evidence that revisions to the client's program had been considered although he had achieved the criterion as written.	W 255	W255 Client #3's program to pour milk of magnesia will be modified to reflect his progress to date by...3-10-07. The modified objective will be implemented by...3-20-07. See also responses for W256 and W234.	
W 285	483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. This STANDARD is not met as evidenced by: Based on observation and record review the facility failed to ensure that interventions to manage inappropriate client behavior were employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights were protected for one of three clients in the sample. The finding includes: During the observation of the medication	W 285		

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W 285	Continued From page 5 administration conducted on January 24, 2007, client #1 was administered 2.5 mg of Zyprexia. The clinical record reflected that the client's sister signed the consent in November 2005. The family member signed on the line for guardian; however, there was no evidence to determine if this person had been approved for legal guardianship and permitted to sign for the client. It should be further mentioned that the consent document identified the medication prescribed; however, the document did not reflect that the family member had been informed of the side effects of the psychotropic medication. The consent document had the name and dosage of client #1's medication however, it did not include the side effects. In addition, there were no signatures of the family member to determine that the individual had been informed of the monitoring reviews and provide input to ensure the client's civil and human rights.	W 285	W285 Client #1's sister will be asked to become the legal guardian. If she agrees, the QMRP will coordinate with the DDS case manager and the Quality Trust to begin the process....3-7-07. The RN will review the benefits and potential side effects of the psychotropic drug regimen to client #1's sister and the QMRP will insure that the review is properly documented and signed off...3-15-07. The QMRP will insure that client #1's sister is invited to participate in the psychotropic medication reviews each month for client #1....3/07.	
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on medical records reviewed and interviews the direct care and nursing staff, the facility failed to assure that client #1 was provided timely preventive and general medical care as recommended. The findings include: 1. Saff interview conducted on January 24, 2007 at 7:45 AM revealed client #1 "has a diagnosis of	W 322		

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W 322	Continued From page 6 diabetes and eats his breakfast after he receives his finger stick". Client #1 was ordered finger sticks in the am. According to a nursing notation dated December 2006, Client #1's finger stick readings for December 2006 ranged between 110 and 254. In January 2007, the readings ranged between 105 and 176. On one occasion during the month (1/18/07) the reading was 313. The November 2006 readings were 92 to 212. Client #1's laboratory study conducted on January 8, 2007 reflected a glucose level of 107 with a normal range of 74-105. The endocrinologist diagnosed client #1 with diabetes mellitus II on August 11, 2006. Client #1's nutritional assessment dated August 27, 2006 reflected a recommended diet order of 1500 calories, low concentrated sweets, low cholesterol, low fat, and increased fiber, ground diet. The physician documented on December 30 , 2006 "continue 1500 calorie ADA diet". The physician's orders form dated January 2007 reflected a diet order of 1500 calories, low carbohydrates, low cholesterol, low fat, and increased fiber, ground diet. The presented menu indicated the same. On January 26, 2007, the head LPN was interviewed and indicated there was no documented evidence that the recommendations from the nutritionist had not been addressed by the primary physician. It could not be determined that the interdisciplinary team had identified an appropriate diet for client #1 to address the fluctuating blood sugar levels and had established a parameters to determine when increased medical intervention may be warranted. Further it	W 322		

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W 322	Continued From page 7 could not be determined that the interdisciplinary team was aware of the physician's documentation for an ADA diet. Further it could not be determined that the primary physician has ensured that the recommendation for a revised diet had been implemented as part of monitoring the diabetic condition. 2. The nutritional assessment dated August 27, 2006 revealed a recommendation that client #1 " receive a protein supplement such as Prosource, over the counter protein powder, two scoops three times daily mixed with his ground meat." Interview with the LPN, conducted on January 26, 2007 indicated that this recommendation had not been implemented and there was no notation of the primary physician being aware.	W 322	W322 Client #1's diet and medication regimen will be reviewed by the team to insure that an effective regimen for the diabetes is outlined...3-15-07. Nursing will modify the health care plan to reflect all follow up relevant to diabetes.....3-15-07. Nursing will insure that all nutrition assessment recommendations are included on the care plan and physician's orders as required...3-10-07. The physician orders will be reviewed and signed by the PCP...3-15-07.	
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interview with medical staff and review of medical records, the facility failed to provide clients with nursing services in accordance with recommendations provided for one of four clients in the sample. The finding includes: 1. According to staff interview, conducted on January 26, 2007, Client #1 received his beverages following his meal to prevent him from regurgitating his meals. According to client #1's medical record, the client was followed by gastrointerology (GI). This specialist indicated	W 331		

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W 331	Continued From page 8 during a visit dated May 20, 2006 that client #1 was diagnosed with "chronic constipation/ obstipation and vomiting due to the constipation". The specialist indicated that the client was to return in two months from May 20, 2006. Client # 1 was seen by the specialist on January 16, 2007. 2. Medical records for client #1 revealed that the client had been diagnosed with "new onset of seizures" and was seen by the neurologist on October 12, 2006. The specialist requested an EEG. The LPN was interviewed and the client's medical record was reviewed on January 26, 2007. There was no indication that the EEG had been conducted.	W 331	W331 Nursing will insure that medical consultation recommendations are followed up in a timely manner by using the established tracking tools and care plans to prompt timely implementation...3-1-07. An EEG will be scheduled for client #1 by...3-10-07.	

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I 000	INITIAL COMMENTS This licensure survey was conducted from January 24, 2007 through January 26, 2007 in conjunction with the federal recertification survey. A random sample of three clients was selected from a residential population of five males. These males ranged in age from 34 to 80 years with levels of mental retardation ranging from moderate to profound. The findings of the survey were based on observations and, interviews at the day programs and at the facility, review of incident reports, investigations, policies and other clinical and administrative records.	I 000		
I 060	3502.18 MEAL SERVICE / DINING AREAS Perishable foods shall be stored at proper temperatures in order to conserve nutritive value. This Statute is not met as evidenced by: The findings included: There was no evidence that the special diets for clients #1 and #2 had been reviewed quarterly by the nutritionist. Client #1's assessment was dated August 27, 2006. There were no further notations made by the nutritionist. The QMRP acknowledged that the quarterly reports were not available a the time of the survey.	I 060	3502.18 Client #1 and #2 will have quarterly nutrition updates by...3-10-07.	
I 160	3507.1 POLICIES AND PROCEDURES Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member.	I 160		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Anne Sheridan 3/2/07

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I 160	Continued From page 1 This Statute is not met as evidenced by: The findings included: Refer to the federal deficiency report W104.	I 160	3507.1 There is no citation under W104 (personnel policies).	
I 209	3509.9(a) PERSONNEL POLICIES Each GHMRP shall obtain employment references on each employee and no GHMRP shall employ an individual who has a history of the following: (a) Child or resident abuse or abuse of someone under his or her care and supervision; This Statute is not met as evidenced by: The findings included: Three staff did not have criminal background checks for the areas inwhich they resided in or worked in over the past seven years. (See Chapter 47)	I 209	3509.9. (a) The three cited staff will obtain new criminal background checks that review the jurisdictions resided in during the last 7 years at minimum...3-10-07.	
I 391	3520.2(a) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:	I 391	3520.2 (a) See responses for W322	

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I 391	Continued From page 2 (a) Medicine; This Statute is not met as evidenced by: The findings included: Refer to the federal deficiency report W322.	I 391		
I 424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: The findings included: Refer to the federal deficiency report W255.	I 424	3521.5 (a) See responses for W255	
I 500	3523.1 RESIDENT'S RIGHTS 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. This Statute is not met as evidenced by: The finding included: During the observation of the medication administration conducted on January 24, 2007, client #1 was administered 2.5 mg of Zyprexia. The clinical record reflected that the client's sister signed the consent in November 2005. The	I 500	3523.1 BRA will follow up as indicated in W285 to secure guardianship status for the sister of client #1…3-30-07.	

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I 500	Continued From page 3 family member signed on the line for guardian; however, there was no evidence to determine if this person had been approved for legal guardianship and permitted to sign for the client. It should be further mentioned that the consent document identified the medication prescribed; however, the document did not reflect that the family member had been informed of the side effects of the psychotropic medication. The consent document had the name and dosage of client #1's medication however, it did not include the side effects. In addition, there were no signatures of the family member to determine that the individual had been informed of the monitoring reviews and provide input to ensure the client's civil and human rights.	I 500		

Behavior Research Associates Inc.

RECEIVED
DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION

2007 MAR -2 P 2:47

March 2, 2007

Shelia Pannell, Acting Program Manager
Health Care Regulation and Licensing Administration
Department of Health
825 North Capital Street, N.E.
2nd Floor
Washington, DC 20002

Re: Deficiency Report for Federal Certification and Licensure

Dear Ms. Pannell,

Behavior Research Associates, Inc. submits this letter and the attached plan of correction for its 4629 Nannie Helen Burroughs Avenue ICF/MR home as proof of reaching credible compliance as it pertains to the Conditions of Participation cited as out of compliance during the January 24 thru 26, 2007 survey.

Thank you for the opportunity to address the concerns cited so that we may continue to serve our valued consumers. If you have any questions or further feedback, please call Anne Gordon at (301) 203-1942 or (202) 391-5802.

Sincerely,

Anne Gordon

Anne Gordon, Program Director/QMRP
Behavior Research Associates