STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G055	A. BUILDING _____ B. WING _____	04/17/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEHAVIOR RESEARCH ASSOCIATES	4288 1/2 SOUTHERN AVE, SE WASHINGTON, DC 20019

(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) COMPLETION DATE
W 000	INITIAL COMMENTS A recertification survey was conducted from April 14, 2009 through April 17, 2009. The survey was initiated using the fundamental survey process. A random sample of three clients was selected from a population of two females and three male clients with various levels of mental retardation and disabilities. The findings of the survey was based on observations at the group home and three day programs, interviews with clients and staff, and the review of clinical and administrative records including incident reports.	W 000	MAY - 8 2009 GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002	
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the clients' right to be taught to manage their financial affairs to the extent of their capabilities for one of the three clients included in the sample. (Client #3) The finding includes: During the entrance conference on April 14, 2009, at 9:30 AM the Qualified Mental Retardation Professional (QMRP) indicated that Client #3 attends a vocational placement where he receives a stipend for services performed at his day program. Interview with the day program staff on April 15, 2009, at 11:20 AM confirmed	W 126	W126 A new money management objective will be developed for client #3 and added to his routine training regimen...5-15-09. The program will reflect tasks associated with managing his stipend and purchasing items he prefers. Client #3 cannot develop the ability to count money or change in a purchase situation but is able to identify items he wants and exhibit all of the other appropriate social behaviors associated with making a purchase (waiting his turn in line, providing money, accepting items, change and receipt). His training objectives will focus on his strengths.	

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

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 126	Continued From page 1 that the client receives a stipend, depending on his attendance. Interview with the QMRP on April 15, 2009, at approximately 1:00 PM revealed that the client goes to the bank with another QMRP and gets his check cashed. Record review on April 15, 2009, at approximately 3:00 PM revealed that Client #3 had a comprehensive money management assessment dated January 5, 2009, that outlined his current skills and specific needs in this area. The assessment reflected that the client was unable to identify coins and bills, their values, make deposits or complete withdrawals. According to staff interviews conducted on April 15, 2009 at approximately 4:00 PM, the client required maximal assistance to make purchases in the community. There was no formal program developed to encourage Client #3 to engage in management of his finances to his greatest extent possible.	W 126		
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 record review, it could not be determined that client's legal guardian or family member participated in her annual Individual Support Plan (ISP) meeting, for one of the three clients included in the sample. (Client #3) The finding includes:	W 209	W209 Family members were invited to the ISP meeting for client #3 and were provided with formal, written notice of the meeting date and time. In addition, the QMRP spoke with involved family prior to the meeting to gain information about their concerns. In the future, BRA will offer transportation support to the family and will insure that meeting times are set at times that are best for the involved family and client #3…5-5-09.	

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W 209	Continued From page 2 During the entrance conference on April 14, 2009, at 9:30 AM, the Qualified Mental Retardation Professional (QMRP) indicated that Client #3's family member was very involved in his habilitation and care. Review of Client #3's ISP on April 17, 2009 at approximately 10:00 AM indicated that the client's meeting was held on October 3, 2008. Further review of the ISP's signature attendance sheet revealed several members of the client's interdisciplinary team were present, however, there was no evidence that the client's family member was present at the meeting. Further interview with the QMRP indicated that the client's family member was not present at the meeting.	W 209		
W 212	483.440(c)(3)(i) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that an Occupational Therapy assessment identified presenting problems and disabilities, for one of the three clients in the sample. (Client #1) The finding includes: Observations on April 14, 2009, beginning at 7:30 AM revealed Client #1 was observed being fed his breakfast in a wheelchair. At 7:50 AM, Client #1 was observed assisted from the dining room table to the living room recliner chair, requiring maximal assistance. At 8:20 AM, Client #1 was being transported to the day program in a wheelchair. Observations at the client's day	W 212	W212 OT will re-assess client #1 by…5-15-09. The training and treatment regimen of client #1 will be modified to reflect the OT's findings…5-20-09. OT will train staff on treatment modification suggested and any protocols developed by…5-30-09.	

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W 212	Continued From page 3	W 212		

program on April 14, 2009, at 12:10 PM, revealed a direct care staff feeding Client #1. The client was observed in a wheelchair during the entire day program observation. At approximately 5:00 PM, a direct care staff was observed attempting to independently assist Client #1 from the recliner chair but was unsuccessful. The staff member was noted to require the assistance of another staff person. At 6:00 PM, direct care staff was observed feeding Client #3 his entire meal.

Interview with the Qualified Mental Retardation Professional (QMRP) on April 14, 2009 at 6:00 PM indicated Client #1 required one to one support services due to his unsteady gait and his need for maximal assistance/supervision. The QMRP further indicated that the client was admitted to the facility in October 2008, after an extensive hospitalization and rehabilitation stay.

Review of the transfer meeting note (transfer within agency) dated October 9, 2008, on April 15, 2009 at approximately 11:00 AM indicated that the client was recommended for a full Occupational Therapy (OT) assessment.

According to the OT assessment dated October 14, 2008, Client #1 walks independently without the need for assistive devices. He does however present with a shuffling type gait. His balance is functional for daily living tasks. The section titled, "activities of daily living" noted that the client ate without assistive devices, dresses, undresses, toilets and grooms himself independently. The assessment further noted that the client required verbal prompts to apply lotion, deodorant and brush his mouth.

Further interview with the QMRP on April 15,

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W 212	Continued From page 4 2009 at approximately 3:00 PM revealed that the OT assessment was not a true assessment of Client #3. There was no evidence that an OT assessment was accurate and identified Client #1's problems/needs.	W 212		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that as soon as the interdisciplinary team formulated a client's individual program plan (IPP), each client received continuous active treatment services, in sufficient number and frequency to support the achievement of the objectives identified in the Individual Program Plan (IPP), for one of the three clients included in the sample. (Client #2) The finding includes: The facility failed to ensure that Client #2 participated in her activities of daily living skills program as specified in her IPP. On April 14, 2009 at 6:50 PM, direct care staff was observed taking Client #2's dinner ware to the kitchen sink. At 6:55 PM, Client #3 was observed washing, rinsing and putting the dishes	W 249	W249 Staff will be retrained by the QMRP on the proper implementation of client #2's objective for washing dishes by…5-15-09. The QMRP and home manager separately will observe at minimum one meal for each shift weekly to insure that staff consistently run the program and provide the level of assistance required…5-20-09.	

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W 249	Continued From page 5 in the dishwasher. Interview with the direct care staff on April 14, 2009, at 7:00 PM revealed that Client #2 had a program to wash her dishes after her dinner meal. Review of Client #2's IPP dated August 6, 2008, on April 15, 2009, at 1:15 PM revealed a program that required Client #2 to wash her dishes after dinner, three times a week with 55% verbal prompts for six consecutive months. At the time of the observation, there was no evidence that staff implemented Client #2's program objective (wash her dishes) as required.	W 249		
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: Based on observations, staff interviews and record review, the Qualified Mental Retardation Professional (QMRP) failed to revise the Individual Program Plan (IPP) once the client had successfully completed an objective identified in the IPP for one of the three clients included in the sample. (Client #3) The findings include: 1. Observation during the medication administration on April 14, 2009, at 6:15 PM revealed Client #3 opening a bottle of medication,	W 255	W255 1. The RN and QMRP will collaborate to revise the self- medication objective of client #3 to reflect new steps and challenges...5-15-09. Thereafter, the QMRP and RN will review progress monthly in data-based fashion and insure that the program is modified as needed based on progress made or the lack thereof...6-1-09. 2. The vacuuming objective for client #3 will be completed and replaced with a new ADL by...5-15-09.	

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W 255	Continued From page 6 putting a pill in a medication cup, pouring a cup of water and consuming both the pill and water, independently. Interview with the medication nurse on the same date indicated that the client does well with his "medication program." Client #3's IPP dated October 3, 2008 was reviewed on April 17, 2009 at approximately 10:30 AM. The client had a program objective which stated, [the client] will require one verbal prompt 100% of the time to complete his medication regime every evening etc... Record verification of the data sheets on April 17, 2009, at 11:00 AM indicated that the client achieved the established criteria since January 2009. At the time of the survey, the QMRP failed to revise Client #3's program objective once he met the established criteria. 2. On April 14, 2009 at 7:20 AM, Client #3 was observed getting up from his breakfast, putting his dishes in the kitchen sink and vacuuming his bedroom, the hallway, the living room and the dining room with no assistance. Client #3's IPP dated October 3, 2008, was reviewed on April 17, 2009 at approximately 10:30 AM. The client had a program objective which stated, "Given verbal prompts and physical assistance, [the client] will vacuum his bedroom on Saturdays at the 75% accuracy for nine consecutive months. Record verification of the QMRP monthly notes on April 17, 2009, at 11:00 AM indicated that the client achieved the established criteria since December 2008. At the time of the survey, the QMRP failed to revise Client #3's program objective once he met	W 255	In the future, the QMRP will insure via monthly reviews that objectives once mastered are completed and replaced by new skill acquisition training objectives...6-1-09.	

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W 255	Continued From page 7 the established criteria.	W 255		
W 325	482.460(a)(3)(iii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide routine laboratory testing as determined necessary by the physician, for one of three clients included in the sample. (Client #1) The finding includes: During the evening medication administration observation on April 14, 2009 at 5:16 PM, the medication nurse was observed performing a fingerstick glucose test on Client #1 using a glucometer. Interview with the nurse and record verification on April 14, 2009 at approximately 10:00 AM, revealed that Client #1 had a diagnosis of Type II diabetes and was prescribed Glucotrol 2.5 mg to treat his health condition. Review of Client #1's physician's orders dated April 2009 on April 14, 2009, at 11:00 AM revealed no evidence of how often glucose laboratory studies should be performed. Interview with the Registered Nurse (RN) and review of the client's Health Risk Management Care Plan (HRMCP) at 11:45 AM indicated that glucose laboratory studies should be completed every three months. Review of the glucose laboratory studies dated December 17, 2008, at	W 325	W325 Client #1's blood glucose levels will be obtained by...5-10-09. The RN and her support nurses will track follow using standard tracking guides to insure that all consultation results are obtained in a timely manner and shared with the Primary Care Physician...5-15-09.	

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W 325	Continued From page 8 12:00 PM revealed slightly abnormal levels of 73. The glucose therapeutic range is 74 - 105. Further interview with the RN indicated that glucose laboratory studies were completed on March 20, 2009. However at the time of the survey, there was no evidence of the glucose laboratory studies.	W 325		
W 393	483.460(n)(1) LABORATORY SERVICES If a facility chooses to provide laboratory services, the laboratory must meet the requirements specified in part 493 of this chapter. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure it met the requirements for performing glucose monitoring testing for one of five clients who requires glucose monitoring. (Client #1) The finding includes: During the evening medication administration observation on April 14, 2009 at 5:16 PM, the medication nurse was observed performing a fingerstick glucose test on Client #1 using a glucometer. Interview with the nurse and record verification on April 14, 2009 at approximately 10:00 AM, revealed that Client #1 had a diagnosis of Type II diabetes and was prescribed Glucotrol 2.5 mg to treat his health condition. The client's glucose measurement was documented as 202 mg. Interview with the Registered Nurse and Licensed Practical Nurse and the review of records on April 15, 2009 at approximately 11:00 AM revealed that the provider did not have a certificate of waiver as	W 393	W393 BRA will obtain the required certificate of waiver by...5-20-09.	

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W 393	Continued From page 9 required by part 493 of the Clinical Laboratory Improvement Act (CLIA) to perform laboratory services, such as glucose monitoring in the facility.	W 393		
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to hold evacuation drills at least quarterly for each shift of personnel, for one of the five shifts of duty reviewed. The finding includes: Interview with the Facility and Incident Management Coordinator, Qualified Mental Retardation Professional (QMRP) and review of the staff pattern on April 15, 2009 at 8:30 AM revealed the following staffing pattern: Monday - Friday 8:00 AM - 4:00 PM; 4:00 PM -12:00 AM; and 12:00 AM - 8:00 AM. Saturday - Sunday 8:00 AM - 8:00 PM; and 8:00 PM - 8:00 AM Review of the fire drill log revealed that the 8:00 PM - 8:00 AM(Saturday - Sunday) failed to hold evacuation drills per shift per quarter. A fire drill was conducted on the aforementioned shift on October 25, 2008 and the next one was held on March 29, 2009. There was no evidence that the	W 440	W440 BRA will insure that a make up fire drill is held by...5-10-09. In addition, the fire drill schedule for 2009 will be modified to insure at least one drill is held per quarter for all 5 BRA shifts...5-20-09. The home manager will monitor implementation of fire drills to insure routine compliance. Missed drills by any shift will be made up within 7 days...5-20-09.	

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W 440	Continued From page 10 facility held fire drills at least quarterly for each shift of personnel.	W 440		

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I 000	INITIAL COMMENTS A re-licensure survey was conducted from April 14, 2009 through April 17, 2009. The survey was initiated using the fundamental survey process. A random sample of three residents was selected from a population of two females and three males residents with various levels of mental retardation and disabilities. The findings of the survey was based on observations at the group home and three day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	I 000		
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to hold evacuation drills at least quarterly for each shift of personnel, for one of the five shifts of duty reviewed. The finding includes: Interview with the Facility and Incident Management Coordinator, Qualified Mental Retardation Professional (QMRP) and review of the staff pattern on April 15, 2009 at 8:30 AM revealed the following staffing pattern: Monday - Friday 8:00 AM - 4:00 PM; 4:00 PM -12:00 AM; and 12:00 AM - 8:00 AM.	I 135	3505.5 BRA will insure that a make up fire drill is held by…5-10-09. In addition, the fire drill schedule for 2009 will be modified to insure at least one drill is held per quarter for all 5 BRA shifts…5-20-09. The home manager will monitor implementation of fire drills to insure routine compliance. Missed drills by any shift will be made up within 7 days…5-20-09.	

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I 135	Continued From page 1 Saturday - Sunday 8:00 AM - 8:00 PM; and 8:00 PM - 8:00 AM Review of the fire drill log revealed that the 8:00 PM - 8:00 AM(Saturday - Sunday) failed to hold evacuation drills per shift per quarter. A fire drill was conducted on the aforementioned shift on October 25, 2008 and the next one was held on March 29, 2009. There was no evidence that the facility held fire drills at least quarterly for each shift of personnel.	I 135		
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 GHMRP failed to ensure that its staff received annual health screenings for two out of fifteen staff, one out of five nurses, and one out of eleven consultants. The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of GHMRP's personnel records on April 17, 2009, at approximately 11:00 AM, revealed that there was no current health certificates for two staff (Staff	I 206	3509.6 All staff and consultants cited will have current health certificates by...5-30-09. BRA will track compliance via its QA Consultant's internal audits and other internals audits and will proactively notify all staff and consultants about personnel file deficiencies... 5-20-09.	

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I 206	Continued From page 2 #5 and #6), one nurse (Nurse #5) and one consultant (Speech Pathologist) had a current health certificate.	I 206		
I 207	3509.7 PERSONNEL POLICIES A new employee ' s physical examination shall have been performed within ninety (90) days prior to employment. This Statute is not met as evidenced by: Based on review of the personnel records the facility failed to ensure health inventories were available for direct care staff prior to employment, for one out of fifteen staff in the facility. The finding includes: Interview with the Incident Management/Facility Coordinator on April 17, 2009 at 11:20 AM revealed that Staff #6 began employment with the agency in January 2009. Review of the personnel records on April 17, 2009, at approximately 11:00 AM, revealed Staff #6 had her physical examination on August 8, 2008, five months piror to employment.	I 207	3509.7 Bra will ensure that all new employees will provide a health certificate that is no more than 60 days old from the date of employment. The staff person #6 will be asked to get a current health certificate for record. In the future when new staff is hired the health certificate will be reviewed and must be current before they are employed.....05-20-09	
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans; This Statute is not met as evidenced by:	I 227		

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I 227	Continued From page 3 Based on interview and record review, the GHMRP failed to have on file for review current training in CPR, for six of fifteen staff (Staff #3, #6, #7, #9, #11, #13 and #14) and first aid, for four out of fifteen employees (Staff #3, #7, #11, #13, and 14). The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and review of the GHMRP's training records on April 17, 2009 at approximately 11:10 AM revealed the GHMRP failed to evidence documentation of staff training in cardiopulmonary resuscitation (CPR) for Staff #3, #6, #7, #9, #11, #13 and #14 and First Aid for Staff #3, #7, #11, #13, and 14.	I 227	3510.5 CPR/First Aid will be held for the staff in question by.....5-30-09. BRA will track staff expiration dates and set up trainings proactively...5-30-09. New staff receive this training upon hire...5-5-09.	
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS 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. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide professional services that 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 by the resident, for one of three residents included in the sample. (Resident #1) The findings include:	I 401	3520.3 OT will re-assess client #1 by...5-15-09. The training and treatment regimen of client #1 will be modified to reflect the OT's findings...5-20-09. OT will train staff on treatment modification suggested and any protocols developed by...5-30-09.	

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I 401	Continued From page 4	I 401		

Observations on April 14, 2009, beginning at 7:30 AM revealed Resident #1 was observed being fed his breakfast in a wheelchair. At 7:50 AM, Resident #1 was observed assisted from the dining room table to the living room recliner chair, requiring maximal assistance. At 8:20 AM, Resident #1 was being transported to the day program in a wheelchair. Observations at the resident's day program on April 14, 2009, at 12:10 PM, revealed a direct care staff feeding Resident #1. The resident was observed in a wheelchair during the entire day program observation. At approximately 5:00 PM, a direct care staff was observed attempting to independently assist Resident#1 from the recliner chair but was unsuccessful. The staff member was noted to require the assistance of another staff person. At 6:00 PM, direct care staff was observed feeding Resident #1 his entire meal.

Interview with the Qualified Mental Retardation Professional (QMRP) on April 14, 2009 at 6:00 PM indicated Resident#1 required one to one support services due to his unsteady gait and his need for maximal assistance/supervision. The QMRP further indicated that the resident was admitted to the facility in October 2008, after an extensive hospitalization and rehabilitation stay.

Review of the transfer meeting note (transfer within agency) dated October 9, 2008, on April 15, 2009 at approximately 11:00 AM indicated that the resident was recommended for a full Occupational Therapy (OT) assessment.

According to the OT assessment dated October 14, 2008, Resident #1 walks independently without the need for assistive devices. He does however present with a shuffling type gait. His balance is functional for daily living tasks. The

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I 401	Continued From page 5 section titled, "activities of daily living" noted that the client ate without assistive devices, dresses, undresses, toilets and grooms himself independently. The assessment further noted that the client required verbal prompts to apply lotion, deodorant and brush his mouth. Further interview with the QMRP on April 15, 2009 at approximately 3:00 PM revealed that the OT assessment was not a true assessment of Resident #1. There was no evidence that an OT assessment was accurate and identified Resident #1's problems/needs.	I 401		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure habilitation, training and assistance was provided to residents in accordance with their Individual Habilitation Plan (IHP), for one of the three residents included in the sample. (Resident #2) The finding includes: The facility failed to ensure that Resident #2 participated in her activities of daily living skills program as specified in her IPP. On April 14, 2009 at 6:50 PM, direct care staff was observed taking Resident #2's dinner ware to the kitchen sink. At 6:55 PM, Resident #3 was observed washing, rinsing and putting the dishes in the dishwasher.	I 422	3521.3 Staff will be retrained by the QMRP on the proper implementation of client #2's objective for washing dishes by… 5-15-09. The QMRP and home manager separately will observe at minimum one meal for each shift weekly to insure that staff consistently run the program and provide the level of assistance required…5-20-09.	

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I 422	Continued From page 6 Interview with the direct care staff on April 14, 2009, at 7:00 PM revealed that Resident #2 had a program to wash her dishes after her dinner meal. Review of Resident #2's IPP dated August 6, 2008, on April 15, 2009, at 1:15 PM revealed a program that required Client #2 to wash her dishes after dinner, three times a week with 55% verbal prompts for six consecutive months. At the time of the observation, there was no evidence that staff implemented Resident #2's program objective (wash her dishes) as required.	I 422		
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: Based on staff interviews and record review, the Qualified Mental Retardation Professional (QMRP) failed to review and revise the Individual Program Plan (IPP) once the resident has successfully completed an objective identified in the IPP, for one of the three residents in the sample. (Resident #3) The finding includes: 1. Observation during the medication administration on April 14, 2009, at 6:15 PM revealed Resident #3 opening a bottle of medication, putting a pill in a medication cup, pouring a cup of water and consuming both the pill and water, independently. Interview with the	I 424	3521.5 (a) 1. The RN and QMRP will collaborate to revise the self- medication objective of client #3 to reflect new steps and challenges…5-15-09. Thereafter, the QMRP and RN will review progress monthly in data-based fashion and insure that the program is modified as needed based on progress made or the lack thereof…6-1-09. 2. The vacuuming objective for client #3 will be completed and replaced with a new ADL by…5-15-09. In the future, the QMRP will insure via monthly reviews that objectives once mastered are completed and replaced by new skill acquisition training objectives…6-1-09.	

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I 424	Continued From page 7 medication nurse on the same date indicated that the resident does well with his "medication program." Resident #3's IPP dated October 3, 2008 was reviewed on April 17, 2009 at approximately 10:30 AM. The resident had a program objective which stated, [the resident] will require one verbal prompt 100% of the time to complete his medication regime every evening etc... Record verification of the data sheets on April 17, 2009, at 11:00 AM indicated that the resident achieved the established criteria since January 2009. At the time of the survey, the QMRP failed to revise Resident #3's program objective once he met the established criteria. 2. On April 14, 2009 at 7:20 AM, Resident #3 was observed getting up from his breakfast, putting his dishes in the kitchen sink and vacuuming his bedroom, the hallway, the living room and the dining room with no assistance. Resident #3's IPP dated October 3, 2008, was reviewed on April 17, 2009 at approximately 10:30 AM. The client had a program objective which stated, "Given verbal prompts and physical assistance, [the resident] will vacuum his bedroom on Saturdays at the 75% accuracy for nine consecutive months. Record verification of the QMRP monthly notes on April 17, 2009, at 11:00 AM indicated that the resident achieved the established criteria since December 2008. At the time of the survey, the QMRP failed to revise Resident #3's program objective once he met the established criteria.	I 424		

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I 443	Continued From page 8	I 443		
I 443	3521.7(m) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (m) Financial management (including budgeting and banking); This Statute is not met as evidenced by: Based on interview and record verification, the GHMRP failed to provide training to its residents in money management and banking, for one of three residents in the sample. (Resident #3) The finding includes: During the entrance conference on April 14, 2009, at 9:30 AM the Qualified Mental Retardation Professional (QMRP) indicated that Resident #3 attends a vocational placement where he receives a stipend for services performed at his day program. Interview with the day program staff on April 15, 2009, at 11:20 AM confirmed that the resident receives a stipend, depending on his attendance. Interview with the QMRP on April 15, 2009, at approximately 1:00 PM revealed that the resident goes to the bank with another facility's QMRP and gets his check cashed. Record review on April 15, 2009, at approximately 3:00 PM revealed that Resident #3 had a comprehensive money management assessment dated January 5, 2009, that outlined his current skills and specific needs in this area. The assessment reflected that the client was unable to identify coins and bills, their values, make deposits or complete withdrawals. According to staff interviews conducted on April	I 443	3521.7 A new money management objective will be developed for client #3 and added to his routine training regimen…5-15-09. The program will reflect tasks associated with managing his stipend and purchasing items he prefers. Client #3 cannot develop the ability to count money or change in a purchase situation but is able to identify items he wants and exhibit all of the other appropriate social behaviors associated with making a purchase (waiting his turn in line, providing money, accepting items, change and receipt). His training objectives will focus on his strengths.	

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I 443	Continued From page 9 15, 2009 at approximately 4:00 PM, the resident required maximal assistance to make purchases in the community. There was no formal program developed to encourage Resident #3 to engage in management of his finances to his greatest extent possible.	I 443		