

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2009
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NAME OF PROVIDER OR SUPPLIER SECOND GENESIS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1320 HARVARD STREET, NW WASHINGTON, DC 20009
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D 000	Initial Comments A licensure survey was conducted from November 24, 2009 through November 25, 2009. The findings of the survey was based on observations of the Community Residential Facility (CRF), interviews with the administrative staff and residents, as well as a review of clinical and administrative records, including incident reports. A random sample of ten residents was selected from a resident population of thirty nine residents with various medical disabilities.	D 000	The following pertains to all of the corrective action plans related to medical department: (During this fiscal year the medical department is in the process of ramping up the quarterly QA process specific to medical operations. The QA process, conducted quarterly, includes a physical inspection component that can be modified to include inspection of the narcotics box to ensure accurate count, documentation and as appropriate, destruction of stored controlled medications. In addition medical chart review will be introduced in the second quarter, October - December. This will ensure that physical examinations, health certifications and documentation of medications per correct procedure are present on an ongoing basis.)	
D 570	3403.8 Admission Policies Each resident shall have a pre-admission medical examination by a physician not more than thirty (30) days prior to his or her admission to a community residence facility. This CONDITION is not met as evidenced by: Based on record review and interview, the community residential facility failed to ensure seven of the eleven residents (Residents #1, #2, #4, #5, #7, #8 and #9) included in the sample, received medical examinations thirty days prior to admission. The findings include: 1. Review of Resident #1's medical record on November 24, 2009 at 11:47 a.m. revealed he was admitted to the facility on September 9, 2009. Continued review of the medical record revealed the resident had a medical examination after his admission on September 18, 2009. Interview with the program's Registered Nurse (RN) revealed that the facility's medical director conducted the medical examination after the resident's admission to the program. At the time of the survey, the community residential facility	D 570	See corrective action plan on page three. <i>Received 11/13/09</i> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH & HUMAN SERVICES HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL STREET WASHINGTON, D.C. 20002	

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

STATE FORM

J. Michael McQuinn

TITLE

Executive Dir

(X6) DATE

12/23/09

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D 570	<p>Continued From page 1</p> <p>failed to ensure Resident #1's medical examination was conducted thirty days prior to admission.</p> <p>2. Review of Residents #2 and #4's medical records on November 24, 2009 at 3:39 p.m. revealed no documented evidence that the residents received a medical examination before admission. During the entrance conference with the Assistant Director on November 24, 2009 at approximately 9:30 a.m., revealed Resident #2 was admitted on October 23, 2009 and Resident #4 was admitted on September 22, 2009.</p> <p>Interview with the facility's medical director on the aforementioned date revealed that she conducts medical examinations after the residents are admitted. Review of the facility's policy on November 24, 2009 revealed their policy recommended each resident should receive a physical examination within seven days of his/her admission and annually thereafter.</p> <p>At the time of the survey both residents were discharged on November 23, 2009 without ever receiving a medical examination (30) thirty days prior to admission.</p> <p>3. Review of Residents #5, #7, #8 and #9's medical records was conducted on November 24, 2009. Resident #5's record revealed that he was admitted to the program on October 7, 2009. Resident #7 was admitted on October 23, 2009, Resident #8 was admitted on September 9, 2009, and Resident #9 was admitted on October 13, 2009. Although the aforementioned residents had medical examinations, they were not thirty days prior to their admissions. The medical examinations were conducted as follows:</p>	D 570	<p>It is the policy of Second Genesis to have client physical examinations and certifications performed within seven working days of admission. The nursing staff accepts responsibility for failing to follow the policy. Our Medical Director and our Compliance Officer will review policy with the nursing staff to assure compliance.</p>	12/31/09

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D 570	Continued From page 2 Resident #5 - November 2, 2009 Resident #7 - November 23, 2009 Resident #8 - November 23, 2009 Resident #9 - November 16, 2009 At the time of the survey the aforementioned residents had not received their medical examinations (30) thirty days prior to their admission.	D 570	Second Genesis receives all it's referrals from contractors who screen and evaluate all clients prior to sending them to us. We do not perform direct evaluations and admissions. Therefore we have adopted the policy of having intakes performed by the nurses upon entry and the physical examination and certification performed within seven working days of admission. However we will talk with our contractors which are predominately CSOSA and APRA about having their client's examinations come with them.	1/22/09
D 580	3403.9 Admisison Policies The examining physician shall certify that the resident is free of communicable disease as defined in chapter 2 of this title, and shall provide the community residence facility with a written report, including sufficient information concerning the resident's health to assist the community residence facility in providing adequate care, including any treatment orders, drugs prescribed, special diets, and a rehabilitation program. This CDNDITION is not met as evidenced by: Based on record review and interview, the community residential facility failed to ensure two of the eleven residents (Residents #2 and #4) included in the sample had been certified free of communicable disease. The findings include: Review of Residents #2 and #4's medical records on November 24, 2009, at 3:39 p.m. revealed no documented evidence that the residents received a medical examination before admission. During the entrance conference with the Assistant Director on November 24, 2009 at approximately 9:30 a.m., revealed Resident #2 was admitted on October 23, 2009 and Resident #4 was admitted on September 22, 2009.	D 580		

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D 580	Continued From page 3 At the time of the survey, the community residential facility failed to ensure medical examinations were conducted to certify that Residents #2 and #4 were free from communicable disease.	D 580	It is the policy of Second Genesis to perform client health certifications with 7 working days after admission. The nursing staff accepts responsibility for not following our policy. Our Medical Director and Compliance Officer will review the policy with the nursing staff to assure compliance.	12/31/09
D 600	<p>3403.11 Admission Policies</p> <p>The examining physician shall provide the community residence facility with a written report providing sufficient information on the resident's condition to enable the community residence facility to assist the resident toward rehabilitation, together with a record of any prescriptions, treatment orders, or special instructions for the management and protection of the resident.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review, the Community Residential Facility (CRF) failed to ensure physician and treatment orders were provided for one of the eleven residents (Resident #1) included in the sample.</p> <p>The finding includes:</p> <p>Review of Resident #1's medical record on November 24, 2009 at 11:47 a.m. revealed he was admitted on September 9, 2009. Continued review of the medical record revealed the resident had a medical examination after his admission on September 18, 2009. Interview with the program's Registered Nurse (RN) revealed that the facility's medical director conducted the medical examination after the resident's admission to the program. Continued interview with the program's Registered Nurse revealed when the resident was admitted to the program he came with following medications:</p>	D 600		

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D 600	Continued From page 4 Hytrin 2mg and Ranitidine 150 mg. Further review of the medical record revealed that there were no verbal orders until September 18, 2009. At the time of the survey, the examining physician that prescribed Resident #1's medication, failed to provide evidence of physician orders or prescriptions for Hytrin 2mg and Ranitidine 150 mg.	D 600	All medications brought into the facility, and available accompanying materials and client provided information are reviewed to ensure that each client's medication regimen is accurate, complete and appropriate upon intake. This is prioritized in order to ensure safe and continuous care. Once the intake is completed the nurse reviews it with the Medical Director for approval. All medications are documented as physician's orders as well as on the MAR. No meds can be given to the client without the Medical Director's approval. This is standard SG Policy and the nursing staff accepts responsibility for not following SG Policy. The Medical Director and Compliance Officer will review with the nursing staff and assure compliance.	12/31/09
D1730	3416.4 Medication Storage and Disposal Medications of each resident shall be stored in their original containers and shall not be transferred to other containers. This CONDITION is not met as evidenced by: Based on observation, interview, and record review, the Community Residential Facility (CRF) failed to ensure that medications for one of the eleven residents (Resident #9) included in the sample was stored in the original containers. The findings include: Observation of the administration of medication on November 25, 2009 beginning at 8:39 a.m. revealed that Resident #9 was given a pillbox where each of his medications was stored. The clinical staff presented the original containers to the surveyor with the following medications: Loratadine 10 mg, Ranitidine 150 mg, Metoprolol 50 mg, Micardis 80 mg, Gabapentin 300 mg, Aspirin 81 mg, Colchicine 0.6 mg, Fluticasone Propionate (no label), and Allupurinoi 100 mg. An interview was conducted with Resident #9 on November 25, 2009 at 11:42 a.m. Continued interview with Resident #9 revealed that the facility's evening nurse recommended that the	D1730	Physician's orders for #1 medications are in place.	

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D1730	Continued From page 5 resident place his medications in a pillbox. According to the resident, this recommendation was made because he takes so many medications, and because it holds up the other residents in line to receive their medications. At the time of the survey, the community residential facility failed to ensure Resident #9's medications were stored in their original containers instead of being transferred to a pillbox.	D1730	It is not Second Genesis policy that medications be transferred from the original containers and stored in different containers. Clients receive their medications in prescription bottles from external pharmacies which are then stored in separate clearly labeled containers in a secure central location for client access. This is a violation of Second Genesis policy and the Nursing staff shall reeducated as to the nature of SG Policy and the safety rationales behind it. Resident #9's medications have been restored to his prescription bottles.	12/31/09
D1740	3416.5 Medication Storage and Disposal The Mayor shall prescribe procedures for community residence facilities to follow for the proper disposition and disposal of all medicines and narcotics on the discharge or death of the resident and when the medicines and narcotics are no longer in use. This CONDITION is not met as evidenced by: Based on observation, and interview the community residential facility failed to ensure narcotics were disposed upon the discharge of four(Residents #12, #13, #14, and #15) of the thirty nine residents residing in the facility. The findings include: Interview with the facility's Registered Nurse (RN) on November 25, 2009 at approximately 12:15 p.m., revealed some of the facility's residents were admitted with narcotics. Observation of the locked box where the narcotics were stored was conducted at 12:20 p.m. on the aforementioned date. Continued observation revealed a medication bottle with (5) five tabs of Clonazepam 0.5 mg that was prescribed for Resident #12, (8) eight pills of Propoxyphene 65	D1740	Second Genesis policy for narcotics/CDS states that all narcotics/CDS brought into the facility shall be counted by two staff members and the amount recorded on a Controlled Dangerous Substance Count documentation Form and stored in a double locked secure storage area with a single key for access. If the medication is expired or no longer necessary it should be counted rendered unusable and disposed of in the biohazardous waste system. In the future the content of the narcotics box shall be reviewed weekly and any remaining medications that are no longer needed or expired shall be counted and destroyed per procedure. This shall be reviewed, discussed and implemented with the nursing staff by the Medical Director and Compliance Officer. Narcotics box medications for residents #12, #13, #14 and # 15 were counted documented and destroyed as per standard procedure.	12/31/09

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D1740	<p>Continued From page 6</p> <p>mg prescribed for Resident #13, (3) three pills of Codeine that was prescribed for Resident #14, and (20) twenty pills of Tylenol #3 that was prescribed for Resident #15 .</p> <p>Continued interview with the RN revealed that each of the aforementioned individuals had been discharged from their program. At 1:05 p.m., the facility's Medical Administrative Assistant (MAA) was interviewed to ascertain information regarding when the residents were discharged. The MAA revealed that Resident #11 was discharged from the program on November 10, 2009, Resident #12 on November 20, 2009, Resident #13 on the day of the survey, November 25, 2009, and Resident #14 in January 2008. Further interview with the MAA on November 25, 2009, revealed that whenever a resident was discharged from the facility, they were allowed (7) seven days to pick up any medication that had been left behind. After the seven days, the medication should be destroyed. It should be noted that Resident #14's medication expired on May 13, 2008.</p> <p>On November 25, 2009 at approximately 1:30 p.m., a review of the faciility's "Medical Policy & Procedures" revealed, "Controlled Dangerous Substances (CDS) required final counting and two staff members. The medication is disposed of per standard medication disposal policy. The Controlled Drug Count Record form was to be initialed and dated by both parties." Further review of the procedure for disposing medication revealed, "Solid medications shall be rendered unusable by mixing with water, placed in a plastic bag, sealed, and placed in the red bag trash." According to the policy, the program nurse ' and clinical staff are tasked with medication supervision responsibilities to ensure this policy</p>	D1740		

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D1740	Continued From page 7 was implemented. At the time of the survey, the facility failed to ensure narcotics for discharged Residents (#12, #13, #14, and #15) were destroyed.	D1740		
D3000	3421.1 Housekeeping and Laundry Services The interior and exterior of each community residence facility shall be maintained in a safe, clean, orderly, attractive, and sanitary manner free from accumulations of dirt, rubbish, and objectionable odors. This CONDITION is not met as evidenced by: Based on observation and interview, the Community Residential Facility (CRF) failed to maintain the interior of the facility in a safe, clean, orderly, and attractive manner. The findings include: On November 24, 2009, an environmental inspection was conducted noting the following environmental concerns: 1. Room # 301 West- Chipping and peeling paint on the windowsill. 2. Room #302 West- Trash can lid broken. 3. Room #303 West- Trash can lid broken. 4. Third floor West carpet soiled on hall floor. 5. East third floor bathroom toilet seat was worn and discolored. Potential infection control issue. 6. Room 201 East Wardrobe door was broken and one wardrobe was missing. 7. Second floor bathroom venetian blind does not fit the window. 8. Bedroom #203 East Window sill has chipping and peeling paint on the ledge.	D3000	Second Genesis Inc. strives to ensure that each community residence facility shall be maintained in a safe, clean, orderly and sanitary manner free from accumulations of dirt, rubbish and objectionable odors. 1. Second Genesis has ordered new windows for the entire facility. The order is expected to arrive within the next 6 weeks and then installed thereafter. This will correct the chipping and peeling paint noted on the windowsills throughout the facility. 2. The broken trash can lid in Room #302 West was replaced. 3. The broken trash can lid in Room #303 West was replaced. 4. Second Genesis will address the third floor West carpet deficiency and replace the soiled carpet by April 1, 2010. 5. The toilet seat in the East third floor bathroom was replaced. 6. The wardrobe door in Room #201 East was repaired and an additional wardrobe was placed in this room. 7. The venetian blinds in the second floor bathroom were replaced.	

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D3000	Continued From page 8 9. Bedroom #204 East trash can lid was broken. 10. Second floor rear hallway carpet has a large white stain. 11. Room 203 West Trash can lid was broken. 12. One West Multipurpose room carpet were soiled in several places. 13. Basement common bathroom first stall door handle was broken. 14. The carpeting on the West and East side common areas on the first, second and third floors were soiled. At the time of the survey, the facility director acknowledge the deficiencies.	D3000	8. The broken trash can lid in Room #204 East was replaced. 9. The carpet on the second floor rear hallway will be steam cleaned by March 1, 2010. 10. The broken trash can lid in Room #203 was replaced. 11. The carpet on the second floor rear hallway will be steam cleaned by March 1, 2010. 12. The basement common bathroom (first stall) door handle has been repaired. 13. The carpeting on the West and East side common areas on the first, second and third floors will be steam cleaned by March 1, 2010.	