

PRINTED: 08/18/2010
FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000872	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2010
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NAME OF PROVIDER OR SUPPLIER THELMA HAMMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 3912 FIRST STREET SW WASHINGTON, DC 20032
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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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D 000	<p>Initial Comments</p> <p>A licensure survey was conducted on June 10, 2010. The findings of the survey was based on observations of the Community Residential Facility (CRF), interviews with the administrative staff, as well as a review of clinical and administrative records. Two residents was selected from a resident population of two with various medical disabilities.</p>	D 000		
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 the primary care physician provided sufficient information on the resident's condition, together with special instructions for the management and protection of one of the two resident's in the sample. (Resident #1)</p> <p>The finding includes:</p> <p>Interview with the CRF's director on June 10, 2010, at approximately 9:35 a.m., revealed Resident #1 was prescribed several medications. Observation of the medication, which was kept in a freezer bag revealed the following medications: Diphenhydramine 25 mg, HCTZ 12.5 mg, Simvastatin 10 mg, Klor-Con M20, and Banztropine Mes 2 mg, and Abilify 5 mg. Review</p>	D 600	<p><i>Reviewed 8/31/10 DOH/HPLA-1000</i></p>	

Thelma Hammond

Health Regulation Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE
Thelma Hammond
DATE
Aug 10 2010

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CRF-000872	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2010
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D 600 Continued From page 1

of the resident's medical record on the same day revealed a prescription for Symmetrel 100 mg. Further interview with the director revealed the physician did not instruct her to fill the medication immediately, so she thought that it was a refill for one of the medications that the resident was already taking. At 10:47 a.m., the director contacted the pharmacist and was told that the Symmetrel was a new medication. Additionally, the pharmacist informed the director that the medication was prescribed for Parkinson's Disease and/or flu like symptoms. The director was not aware of why the medication was prescribed.

At the time of the survey, there was no documented evidence that primary care physician provided specific instructions with the medication prescribed for Resident #1 (Symmetrel 100 mg).

D 600

All other's will be corrected by Aug 3-2010

D5100 3442.1 Minimum Insurance Standards

All Community Residence Facilities, licensed under D.C. Law 2-35 shall carry sufficient insurance to cover the following:

This CONDITION is not met as evidenced by:
3442.1 All Community Residence Facilities, licensed under D.C.: aw 2-35 shall carry sufficient insurance to cover the following:

Based on interview and record review, with the owner of the CRF on June 10, 2010, failed to provide evidence that the facility had the proper insurance coverage in accordance with D.C. Law 2-35.

The findings include:
Interview and record review conducted with the owner on June 10, 2010, at approximately 10:00 a.m. revealed the facility did not have current

D5100

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D5100	Continued From page 2 insurance coverage. The coverage expired on June 10, 2010.	D5100	<p><i>Continued from page 2 Corrected on June 23 2010</i></p> <p><i>Thelma Hammond</i></p>	
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