

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2010
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NAME OF PROVIDER OR SUPPLIER AMERICAN HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4427 7TH STREET, NE WASHINGTON, DC 20002
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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002
10-12-10

I 000 INITIAL COMMENTS

A licensure survey was conducted on August 13, 2010. A sampling of two residents from the residential population of two males was selected for the survey. The results of the survey was based on observations in the home, interviews with the administrative, nursing, and direct care staff, as well as a review of the resident and administrative records and incident reports.

I 140 3506.1(a) PROGRAM STATEMENT

Each GHMRP shall have a written statement of its philosophy and programmatic goals which shall include, at a minimum, the following:

(a) The number and types of residents to be served;

This Statute is not met as evidenced by:
Based on interview and record review the Group Homes for Persons with Mental Retardation's (GHMRP) mission statement failed to address the number and type of residents to be served.

The finding includes:

Interview with the administrator on August 13, 2010, at 10:15 a.m., was conducted to ascertain information regarding a statement of the GHMRP's philosophy and programmatic goals that included the number and types of residents that would be served. Continued interview with the administrator revealed that he was informed by the Department of Disabilities Services (DDS) that the plan for the GHMRP was to serve individuals that were medically fragile. At 10:18 a.m., a document entitled "Mission Statement" was submitted to the surveyor. Review of the statement revealed the GHMRP would serve

I 140 To update philosophy and mission statement to reflect the population served and the number and types of residents. 10/23/10

(4) Four individuals or less with mental retardation, mental health disorders, developmental disabled, and or medically fragile.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *President* (X6) DATE *10/12/10*

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I 140	Continued From page 1 individuals with mental retardation and developmental disabilities, however, the statement failed to address the number of residents that would be served and to include that those individuals would be medically fragile.	I 140		
I 202	3509.2 PERSONNEL POLICIES Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure all staff were provided job descriptions as required by this section for six of the eight personnel records reviewed. (Staff #1, #2, #3, #4, #5, and #6) The findings include: Interview with the House Manager/Licensed Practical Nurse (HM,LPN) on August 13, 2010 at approximately 8:35 a.m., revealed that the GHMRP's staff consisted of Home Health Aides(HHA), Certified Nursing Aides (CNA), Licensed Practical Nurses (LPN), and a Registered Nurse. Review of the personnel records on the aforementioned date revealed no documented evidence of job descriptions for any of the aforementioned staff working in the group home. At the time of the survey, there was no documented evidence of the six staff at the GHMRP had written job descriptions to outline duties and supervisory controls, as required by	I 202	President and Director of Nursing will prepare an Organization chart listing positions as well as indicate lines of supervision. President will monitor monthly to make certain that all data is current and accurate. Develop and maintain appropriate personnel records on every employee who serves the individuals. These records will detail their job descriptions, major responsibilities, duties and supervisory control. QMRP will monitor monthly and review to keep all records current and up to date.	10/23/10

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I 202	Continued From page 2 this section.	I 202		
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 staff interview and record review, the group home for the mentally retarded persons (GHMRP) failed to ensure all staff received an annual health inventory as required by this section for five of the eight staff employed or contracted. (Staff #1,#5, #7,#9, #10, and #11). The findings include: Interview with the GHMRP's administrator and House Manager/Licensed Practical Nurse (HM/LPN) on August 13, 2010, at approximately 4:45 p.m., revealed the facility provided 24-hour nursing services. The administrator revealed that the facility employs Certified Nursing Aides (CNA), Home Health Aides, (HHA), and they had one Registered Nurse (RN). According to the administrator, in addition to the aforementioned staff, they had three additional staff contracted with Tri-State Home Care Agency (HCA), two which were LPNs working in a direct support position, and a Registered Nurse . The GHMRP failed to ensure evidence that all	I 206	Develop and maintain Employee Health profile on employees, whereby health certification will be obtained upon employment and annually thereafter establishing health status that will allow the employee to perform the required duties. Director of Nursing will review and this process on a monthly basis compliance and up to date information that will be available for review.	10/23/10

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I 206	Continued From page 3 staff including those contracted through a HCA had secured the proper and necessary health screening as required by this section.	I 206			
I 325	3517.6(a) ADMISSION POLICIES PROCEDURES Each resident, prior to admission if possible or within ten (10) days of admission shall receive a health inventory, screening and immunizations which may include the following and any other tests as determined appropriate by the examining physician: (a) A complete medical history including vaccination history, immune status and any condition that may predispose the resident to acquiring or transmitting infectious diseases: This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that prior to admission or within ten days of admission, Resident #1 received the following: (a) a complete medical history including vaccination history, immune status and any condition that may predispose the resident to acquiring to transmitting infectious diseases. The finding includes: Interview with the Administrator on August 13, 2010, at 8:59 a.m. revealed that Resident #2 was admitted to the GHMRP on June 23, 2010. Review of the medical record on the aforementioned date at 9:49 a.m. revealed a medical assessment dated July 22, 2010. At the time of the survey, the GHMRP failed to	I 325	Director of Nursing will ensure that all new admissions will have complete health inventory, complete medical history, screenings and immunizations, and necessary lab results. This process will be monitored monthly for ongoing compliance by the Director of Nursing or her designee. Resident #2 Medical History and Physical was completed on 7/22/10. A copy of the immunization record has been requested from DC DOH Immunization Program to ascertain vaccine history and what is needed.	10/23/10	

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I 325	Continued From page 4 ensure Resident #2 had a medical evaluation prior to his admission or within ten days of the admission. Additionally, they failed to ensure that the resident had vaccination history, immune status and any condition that may predispose the resident to acquiring or transmitting infectious diseases.	I 325			
I 330	3517.8 ADMISSION POLICIES PROCEDURES Each GHMRP shall secure a physician's written report of the health inventory, which shall provide sufficient information concerning the resident's health including treatment, special diet, or medication orders to enable the GHMRP to provide appropriate services. This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure sufficient information concerning the resident's medication orders was provided to enable the GHMRP to provide appropriate services for one of two residents (Resident #2) included in the sample. The findings include: 1. Interview with the Administrator on August 13, 2010, at 8:59 a.m. revealed that Resident #2 was admitted to the GHMRP on June 23, 2010. Review of Resident #2's medical record on the aforementioned date at 9:10 a.m. revealed a medical evaluation dated July 22, 2010. Continued review of the resident's medical evaluation revealed medication orders were not included in the assessment; therefore there was no evidence that the Primary Care Physician had reviewed and/or assessed his current medication regimen. The PCP referred anyone reviewing the record to refer to the Physicians' Orders (PO) for	I 330	Written physician orders will be obtained for all new admission indicating: Medications, Treatment, Diet, Monitoring of labs, health problems and diagnosis, vaccine history, and immune status. This process will also be monitored and audited by Director of Nursing for compliance.	10/23/10	

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I 330	Continued From page 5	I 330	<p>medications.</p> <p>Review of the PO on August 13, 2010 revealed an order to monitor Resident #2's Dilantin level/Valproic Acid level, however, the PCP failed to order how often the levels should be monitored.</p> <p>At the time of the survey, there was no documented evidence that Resident #2's health inventory to provided sufficient medical information for the resident's treatment.</p> <p>2. Interview with the Licensed Practical Nurse (LPN) on August 13, 2010, at 10:59 a.m. revealed Resident #2 was sedated for all medical procedures. Additionally, continued interview revealed the resident had to be sedated for him to get a hair cut.</p> <p>Review of the resident's medical record on August 13, 2010, beginning at 9:10 a.m. revealed a PO for "Ativan 2 mg prn 1/2 hour prior to procedure." Review of Resident #2's medical evaluation dated July 22, 2010, revealed no documented evidence that the PCP provided sufficient information concerning the resident's need to be sedated before medical procedures. It should be noted that the PO failed to identify the need and to justify the reason for the sedation.</p> <p>At the time of the survey, there was no documented evidence that Resident #2's PCP provided sufficient medical/behavioral information for the resident's need to be sedated.</p>	
I 379	3519.10 EMERGENCIES	I 379	<p>DOH-HFD will be notified 10/23/10 of all medical emergencies</p> <p>1. Telephone immediately</p>	
	In addition to the reporting requirement in 3519.5,			

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I 379 Continued From page 6

each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.

I 379

and 2. Follow-up with written documentation within 24 hours or the next business day. DON will ensure compliance and oversight.

This Statute is not met as evidenced by:
Based on interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure unusual incidents that interfered substantially with the resident's health was reported immediately to the Department of Health, Health Regulations Licensing Administration (DOH/HRLA), in accordance with district law (22 DCMR, Chapter 35, Section 3519.10), for one of the two residents included in the sample. (Resident #2)

The finding includes:

During the entrance conference with the facility's Registered Nurse on August 13, 2010, via telephone, beginning at approximately 8:05 a.m. revealed there had been no unusual incident reports. Review of Resident #2's medical record on the aforementioned date at approximately 10:02 a.m. revealed a document entitled "Inter-Agency Communication" nursing consult from the resident's day program. The day program nursing staff reported that while Resident #2 was sitting in the Wii room playing a game, he had a 40 second seizure and slumped out of the chair rolling on the floor. Continued review of the nursing consult revealed when the

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I 379	Continued From page 7 resident fell he hit his mouth causing one of his teeth to come out. Further review of the resident's medical record revealed Resident #2 was seen by the dentist on July 26, 2010. The dental consult revealed that the resident had fractured tooth #8 and that the tooth was not restorable. Interview with the Administrator on August 13, 2010, at approximately 10:15 a.m. revealed that the administrator, the resident's guardian and the Department of Developmental Services (DDS), service coordinator were informed of the incident immediately. Further interview with the Administrator revealed that because the incident occurred at Resident #2's day program, he was unaware that it should have been reported to DOH/HRLA. At the time of the survey, the facility failed to report this incident that substantially interfered with the resident's health and safety to the Department of Health DOH/HRLA within 24 hours.	I 379			
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 group home for mentally retarded persons (GHMRP) failed to ensure professional services were provided in accordance with the needs of one of	I 401	All professional services 10/23/10 provider will provide services which will include both diagnosis and evaluation, including identification of developmental levels, need and treatments. As well, justifications for all sedation medications. DON will monitor, audit monthly and provide oversight and compliance.		

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I 401	Continued From page 8 two residents (Resident #2) included in the sample. The finding includes 1. The GHMRP failed to ensure documented evidence of Resident #2's tooth extraction and sedation as evidenced below. Interview with the Licensed Practical Nurse (LPN) on August 13, 2010, at 10:59 a.m. revealed Resident #2 was sedated for all medical procedures. Review of the resident's medical record on August 13, 2010, at 10:02 a.m. revealed a dental consult dated July 26, 2010. Review of the consult revealed the resident had a fractured tooth #8. Further review of the consult revealed that the tooth could not be restored. The dentist's recommendation was "extraction tooth #8 with moderate sedation and physical restraints." Resident #2 was scheduled to return to the dentist on July 28, 2010. Continued review of the medial record revealed no documented evidence that the resident was seen by the dentist on July 28, 2010. Interview with the contracted LPN on August 13, 2010 at 10:07 a.m., revealed that Resident #2 had his tooth extracted on July 28, 2010. Review of a nursing note dated July 28, 2010 revealed the resident was administered Ativan 4 mg thirty minutes prior to the procedure. According to the contracted LPN, he administered 4 mg of Ativan and accompanied the resident on his dental appointment. It should be noted that there was no documented evidence of the dental consult for July 28, 2010, or a Physician's Order (PO) for Ativan 4 mg.	I 401			

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I 401	Continued From page 9 At the time of the survey, there was no documented evidence of the treatment services (tooth extraction) that was provided for Resident #2 on July 28, 2010 or any evidence of a PO for the Ativan 4 mg. 2. Interview with the Registered Nurse (RN) during the entrance conference on August 13, 2010 via telephone at approximately 8:05 a.m. revealed Resident #2 was prescribed psychotropic medications for maladaptive behaviors. Additionally, interview with the Licensed Practical Nurse (LPN) revealed the resident is sedated for all of his medical appointments. Review of the resident's medical record on the aforementioned date at approximately 2:22 p.m. revealed a Behavior Support Plan (BSP) dated April 15, 2010. Review of the BSP revealed Resident #2's targeted behaviors included physical aggression and self-injurious behaviors (SIB). At the time of the survey, there was no documented evidence of Resident's need to be sedated for medical appointments.	I 401			
I 406	3520.8 PROFESSION SERVICES: GENERAL PROVISIONS Each professional service provided shall be documented in each resident ' s record. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each professional service provided was documented in each resident's record. (Resident #2) The finding includes:	I 406	Each professional services provided shall be recorded and properly documented in each resident's record. Director of Nursing will monitor for compliance.	10/23/10	

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I 406	<p>Continued From page 10</p> <p>1. The GHMRP failed to provide written documentation for services rendered by Resident #2's dentist as evidenced below:</p> <p>Review of Resident #2's medical record on August 13, 2010, beginning at approximately 10:02 a.m. revealed a dental consult dated July 26, 2010. According to the dental consult the dentist recommended the resident's tooth be extracted (Tooth#8) with moderate sedation and physical restraints. Additionally, the dentist recommended the resident to return on July 28, 2010.</p> <p>During a face to face interview with the contracted License Practical Nurse (LPN) on August 13, 2010, at approximately 10:07 a.m. revealed he accompanied the resident on the appointment. According to the LPN, he administered 4 mg of Ativan on July 28, 2010, the day Resident #2 had his tooth (#8) extracted.</p> <p>At the time of the survey, there was no documented evidence of Resident #2's dental consult for July 28, 2010.</p> <p>2. The GHMRP failed to provide written documentation of a Physicians' Order (PO) for Resident #2's Ativan 4 mg as evidenced below:</p> <p>Further review of the resident's medical record revealed a nursing note dated July 28, 2010. The nursing note revealed Resident #2 was administered Ativan 4 mg, thirty minutes prior to the extraction of his tooth. Interview with the contracted LPN on August 13, 2010, at 3:04 p.m. was conducted to ascertain information regarding a physician's order (PO) for the Ativan. Continued interview with the LPN revealed that he recalled a written PO given to him at the time</p>	I 406		

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I 406	Continued From page 11 of the resident's dental appointment on July 26, 2010. The LPN indicated that the PO was placed in the resident's medical record. At the time of the survey, there was no documented evidence of a PO for Resident #2's Ativan 4 mg.	I 406		
I 999	FINAL OBSERVATIONS The following observations were made during the survey process. It is recommended that this area be reviewed and a determination be made regarding appropriate action to prevent a potential non-compliant practice: Observation on August 13, 2010, beginning at approximately 7:55 a.m., revealed Resident #1 sitting in his wheelchair in the living room. The resident was observed to cough continuously starting at approximately 8:25 a.m. Further observation revealed a staff person sitting on the love seat near the resident. Interview with the staff revealed that she was a Certified Nursing Assistant (CNA) and that the resident was coughing because he was trying to cough up the mucous in his throat. Interview with the facility's House Manager/Licensed Practical Nurse (HM/LPN) on the aforementioned date at approximately 8:28 a.m. was conducted to ascertain information regarding Resident #1's diagnosis. According to the LPN, the resident's diagnosis included hypertension, and asthma. The HM/LPN informed the surveyor that the resident used a Nebulizer two times a day, in the morning and in the evening. Additionally, he had a suction machine. The HM/LPN also revealed the resident had a G-tube in which he was fed and administered all of his medications.	I 999	Staffing and support staff 10/23 will be assigned based on individual's needs and as outlined in the ISP for the home environment and for the day program. In addition, supporting documentation will be supplied to acknowledge that those individuals found to have been affected by the deficient practices has been correctly served subsequently and the deficiencies corrected. This data will be gleamed and forwarded to DC DOH, Health Regulation and Licensing Administration no later than November 15, 2010.	

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I 999

Interview with the administrator at approximately 8:30 a.m. revealed that Resident #1 was in a local hospital for children, transitioned from respite care and then was admitted to a permanent placement at this facility. According to the administrator, the facility was opened to provide services for medically fragile residents.

Review of the resident's medical record on August 13, 2010, beginning at 11:36 a.m. revealed a medical evaluation dated July 1, 2010. According to the evaluation, the resident's diagnosis included Hemiplegic Cerebral Palsy, GERD, Reactive Airways, Hypertension, Restrictive Lung Disease and Scoliosis. Interview with the Registered Nurse (RN) on August 13, 2010, at approximately 4:20 p.m. revealed the Resident #1 had a history of Resection of Neuro Fibroma right chest, and explained to the surveyor that the resident's lungs only expanded to a certain extent.

Review of the resident's habilitation record on August 13, 2010, at approximately 2:05 p.m. revealed a Individual Support Plan (ISP) dated January 6, 2010. According to the ISP, Resident #1 needed 24 hour staff supervision, 2:1 direct staff support to perform all activities of daily living, Mondays through Sundays and needs skilled nursing staff. It should be noted that further interview with the administrator revealed Resident #1 had 2:1 staff support in the facility, however, the 2:1 staff support was not provided in the resident's day program.

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2010
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NAME OF PROVIDER OR SUPPLIER AMERICAN HEALTH CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4427 7TH STREET, NE WASHINGTON, DC 20002
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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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R 000 INITIAL COMMENTS

R 000

A licensure survey was conducted on August 13, 2010. A sampling of two residents from the residential population of two males was selected for the survey. The results of the survey was based on observations in the home, interviews with the administrative, nursing, and direct care staff, as well as a review of the resident and administrative records and incident reports

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 record review and staff interview, the facility failed to provide evidence that criminal background checks covered the seven year work and residence history of each staff prior to their start of employment for one (1) of eight (8) staff. (Staff #4)

The finding includes:

Record review and interview with the GHMRP's administrator on August 13, 2010, at approximately 3:45 p.m., confirmed the following deficient practices: Staff #4's personnel record failed to evidence a background check at the time of the survey.

President will monitor and 10/23/10 ensure that relevant processes are in place to ensure that background checks on new employees are obtained and the documentary evidence was properly filed in the employee's folder.

Health Regulation Administration

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

[Handwritten Signature]

TITLE

President

(X6) DATE

10/12/10