

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD0066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2010
NAME OF PROVIDER OR SUPPLIER D C HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4901 5TH STREET, N W WASHINGTON, DC 20020		
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I 044	Continued From page 1 professional (QMRP) on 7/9/2010, at approximately 4:55 p.m., confirmed the staff should have served his meal " chopped ". The QMRP further added she would be sure staff is retrained to address the oversight.	I 044		
I 055	3502.13 MEAL SERVICE / DINING AREAS Each GHMRP shall train the staff in the use of proper feeding techniques and monitor their appropriate use to assist residents who require special feeding procedures or utensils. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for the mentally retarded persons (GHMRP) failed to ensure staff consistently and accurately implemented a resident ' s feeding protocol for one of three residents. [Resident #3] The finding includes: Observation on 7/8/2010, at approximately 6:10 p.m., revealed Resident #3 arrived at the dinner table for his evening meal. He was served a meal of spinach, corn and broiled chicken (well done/firm) which was cut into bite sized chunks. During dinner, he was observed taking large heaping spoons of food and eating at a fairly fast pace. His attending staff requested that he slow down on four separate occasions. On each request by the staff for him to slow down, Resident #3 appeared to become more agitated. As his agitation level appeared to increase, his feeding pace also increased. Recprd review on 7/9/2010, at 1:03 p.m., revealed Resident #3 ' s Eating Protocol dated	I 055	An In-Service training was conducted by the Program Manager to QMRP, House Manager and all staff for Eating protocols. Staff were trained on meal time protocols to ensure proper implementation and close effective supervision. QMRP will monitor the Residents # 3 during mealtime on weekly basis to ensure the above. Also QMRP will f/u with this at day program on monthly basis. QMRP will make sure House Manager and all staff are trained and retrained for Eating Protocol on quarterly basis. See Attachment "A"	07-09-10

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1055	Continued From page 2 5/14/2010 outlined the following: " Presenting Problem/Expected Outcomes - [Resident #3] presents with mild oral dysphasia characterized by in increased oral transit time due to difficulty forming a cohesive bolus and propelling it to the posterior mouth. [Resident #3] requires verbal prompts to alternate liquids/solids to assist in clearing residuals. An eating protocol has been established to maintain safety with oral intake. " The same eating protocol also outlined the " Techniques for Eating and Drinking " that staff should enforce during meals. The protocol requires that " [Resident #3] alternate his liquids and solids. After 2-3 bites of food, have him take a drink. " Interview with the qualified mental retardation professional (QMRP) on 7/9/2010, at approximately 4:55 p.m., confirmed the staff should have prompted Resident #3 to alternate his liquids and solids after 2-3 bites of food. The QMRP further added she would ensure staff received additional training to enforce this protocol.	1055		
1077	3503.5 BEDROOMS AND BATHROOMS Each bedroom shall contain sufficient storage space for each resident ' s seasonal, personal clothing and personal effects. This Statute is not met as evidenced by: Based on observation and staff interview, the group home for the mentally retarded persons (GHMRP) failed to ensure adequate storage space for one of three sampled residents.	1077		

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1077	Continued From page 3 [Residents #2] The finding includes: On 7/9/2010, at approximately 2:55 p.m., an inspection of Resident #2 ' s closet revealed none of his dress clothes were available for use. Upon further inspection, Resident #2 ' s winter coats took up the entire back wall of the closet and Resident #5 ' s clothing took up the front part of the closet. Interview with the GHMRP ' s house manager (HM) revealed Resident #2 ' s dress clothes and addition clothing was being stored in a separate location away from his bedroom. According to the HM, Resident #2 ' s dress and additional clothing was being stored outside in the facility ' s detached garage. Further interview revealed, the garage was converted into additional storage space and his clothing was being stored in large plastic bins. The HM further added that when they need to provide him with additional clothing, the staff would bring those items in and iron them for him to use. The GHMRP failed to ensure adequate storage space in Resident #2 ' s bedroom for all of his personal clothing as required by this section.	1077	An In-Service training was conducted by Program Manager and QMRP to House Manager and staff for residents seasonal and personal clothing in proper storage area. QMRP will continue to monitor for above on weekly basis to make sure above is followed. Program Manager/ QMRP will make sure all staff are trained on quarterly basis and check individual's closet for their clothing. See Attachment "B"	07-12-10
1090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by:	1090		

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I 090	Continued From page 4 Based on observation and staff interview, the group home for the mentally retarded persons (GHMRP) failed to ensure integrity of the physical environment to ensure the health and safety of its residents. [Residents #1, #2, #3, #4 and #5] The findings include: On 7/9/2010 at approximately 2:45 p.m., the following deficiencies were observed: 1. A tear approximately 8 inches by 4 inches (8 x 4) square was observed in the window screen near Resident #5 ' s bed. 2. Small tears approximately 3 - 4 inches were observed in the window screens in the basement, living room and in Resident #3 ' s bedroom. 3. The light fixture in Resident #3 ' s closet was inoperable.	I 090	 1&2. The tear on window screen in resident #3, #5's room, living room and basement were replaced the same day (7/9/10) QMRP and House Manager will check building on weekly basis for needful repairs. Also maintenance supervisor will perform a house check on quarterly basis. 3. Light bulb in resident #3's closet was changed at the time of survey and House Manager will continue to replace above as needed. Also at the time of weekly house inspection all needful will be taken care	 7-9-10 7-9-10
I 092	3504.3 HOUSEKEEPING Each GHMRP shall be free of insects, rodents and vermin. This Statute is not met as evidenced by: Based on observation and staff interview, the group home for the mentally retarded persons (GHMRP) failed to ensure an insect free environment to ensure the health and safety for five of five its residents. [Residents #1, #2, #3, #4 and #5] The finding includes: [Cross Reference §3504.1(1) and §3504.1(2)]	I 092		

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I 092	Continued From page 5 During the environmental inspection on 7/9/2010, at approximately 2:57 p.m., a large centipede approximately 3-4 inches in length was observed crawling along Resident #5 's bed. The facility ' s maintenance staff removed the centipede from the bedroom and placed it in the trash. Interview with the GHMRP ' s maintenance staff at the same time of the observation revealed he would have the exterminator return to the home to inspect and treat the bedroom for more centipedes or other insects/vermin. The facility failed to ensure an insect free environment as required by this section.	I 092	The entire house was disinfected by American Pest Control on 07-30-10. The centipede crawled in the bedroom because of the broken screen. The broken screen has been replaced. The QMRP and House Manager will ensure and check the building on a daily basis. And all needful action will be taken care as needed. See Attachment "C"	07-30-10
I 183	3508.4 ADMINISTRATIVE SUPPORT Each GHMRP shall have a Residence Director who meets the requirements of § 3509.1 and who shall manage the GHMRP in accordance with approved policies and this chapter. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP's qualified mental retardation professional (QMRP) failed to ensure the coordination, monitoring, and implementation of a resident's habilitation and planning for two of three sampled residents. [Residents #1 and #3] The findings include: 1. The QMRP failed to ensure staff accurately prepared a resident ' s modified texture diet. [See §3502.3] 2. The QMRP failed to ensure staff consistently and accurately implemented a resident ' s feeding protocol. [See §3502.13]	I 183	1. An In service training was conducted by the Program Manager to the QMRP, House Manager and staff for resident # 3 to receive chopped food at all meal time QMRP will ensure and monitor the meal time on weekly basis. Also QMRP and House Manager will observe resident #3's meal at day program on monthly basis to ensure that diet is provided in proper texture from at all time. See Attachment 'A'	07-09-10

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I 183	Continued From page 6 3. The QMRP failed to ensure adequate storage space for its residents. [See §3503.5] 4. The QMRP failed to ensure staff consistently and accurately implemented a resident's communication program. [See §3521.3]	I 183 2.	An In-Service training was conducted by the Program Manager to the QMRP, House Manager and all staff for Eating Protocols. Staff were trained on meal time protocols to ensure proper implementation and close effective supervision. QMRP will monitor the Residents # 3 during mealtime on weekly basis to ensure the above. Also QMRP will f/u with this at the day program on monthly basis. QMRP will make sure House Manager and all staff are trained and retrained for eating protocol on quarterly basis. See Attachment "A"	07-09-10
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 person (GHMRP) failed to ensure all staff received an annual health inventory as required by this section for one out of the eleven currently employed staff. [Staff #6] The finding includes: Interview with the GHMRP's management staff on 6/4/2010 at approximately 4:45 p.m., confirmed one of eleven staff did not have a valid/current health certificate and/or health inventory on file. [Staff #6] The GHMRP failed to secure evidence that all staff had secured the proper and necessary health screening as required by this section.	3 4 I 206 1.	3 An In-Service training was conducted by Program Manager and QMRP to House Manager and staff for residents seasonal and personal clothing in proper storage area. QMRP will continue to monitor staff on weekly basis to make sure above is followed. QMRP will make sure all staff are trained on quarterly basis. See Attachment "B" 4 An In-service training was conducted by the Program Manager and QMRP to House Manager and staff on 07-12-10 for resident #1 communication program. The training was done to ensure that staff continues to implement, emphasize the strategies and encourage resident #1 to select a snack by naming the food items to improve Resident #1 communication skills. See Attachment "D" I 206 1. The physical has hereby been obtained and enclosed. The staff will be notified in advance to obtain their physical on or before time. DCHC will ensure that the Health Certificate of all staff members are checked on quarterly basis. Staff will be reminded to obtain their PE/ Health Certificate in a timely manner. See Attachment "E"	07-12-10 07-12-10

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I 422	Continued From page 7	I 422		
I 422	<p>3521.3 HABILITATION AND TRAINING</p> <p>Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record review, the group home for the mentally retarded persons (GHMRP) failed to ensure staff consistently and accurate implemented a resident ' s communication program for one of three residents. [Residents #1]</p> <p>The finding includes:</p> <p>Observation on 7/8/2010, at approximately 4:35 p.m., revealed Resident #1 was seated at the dinner table for his afternoon snack. At the table was a large tray of bananas, oranges, Jell-o, fruit bars, and pudding. His attending staff attempted to get Resident #1 to choose a snack to eat, but Resident #1 was not responding. The staff was observed asking him " which one do you want ... this one or that one. " The staff offered Resident #1 a choice, but failed to " name " the food items as he pointed to them. Another staff at the table picked up a container of Jell-o off the tray and asked Resident #1 to take it. This staff then scooped out the Jell-o and placed it in Resident #1 ' s divided plate for him to eat.</p> <p>Record review on 7/9/2010, at 2:20 p.m., revealed his current Speech & Language assessment recommended a Communication Training Program to improve his functional communication skills. The communication objective provided that " [Resident #1] will select a snack that he would like to eat when offered two with 50% independence for three consecutive</p>	I 422	<p>An In-service training was conducted by the Program Manager and QMRP to House Manager and staff on 07-12-10 for resident #1 communication program.</p> <p>The training was done to ensure that staff continues to implement, emphasize the strategies and encourage resident #1 to select a snack by naming the food items to improve Resident #1 communication skills.</p> <p>QMRP and House Manager will continue to monitor staff on daily basis to make sure that staff is following and implementing the goal as outlined in IPP. QMRP will make sure all staff are trained and retrained for above on a quarterly basis. Please See Attachment "D"</p>	07-12-10

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I 422	Continued From page 8 months in one year. " The training steps for this objective were as follows: 1. Show [Resident #1] two snacks 2. Name them for him 3. Ask him which one he would like " this one or that one " 4. Have him choose the snack he would like to eat 5. Allow him to eat the snack he chooses Interview with the qualified mental retardation professional (QMRP) on 7/9/2010, at approximately 3:30 p.m., confirmed the staff should have named the food items and allowed him to actively choose the item he wanted to eat. The QMRP further added that she would retrain the staff on this objective to ensure he was provided the opportunity to improve his communication skills.	I 422		